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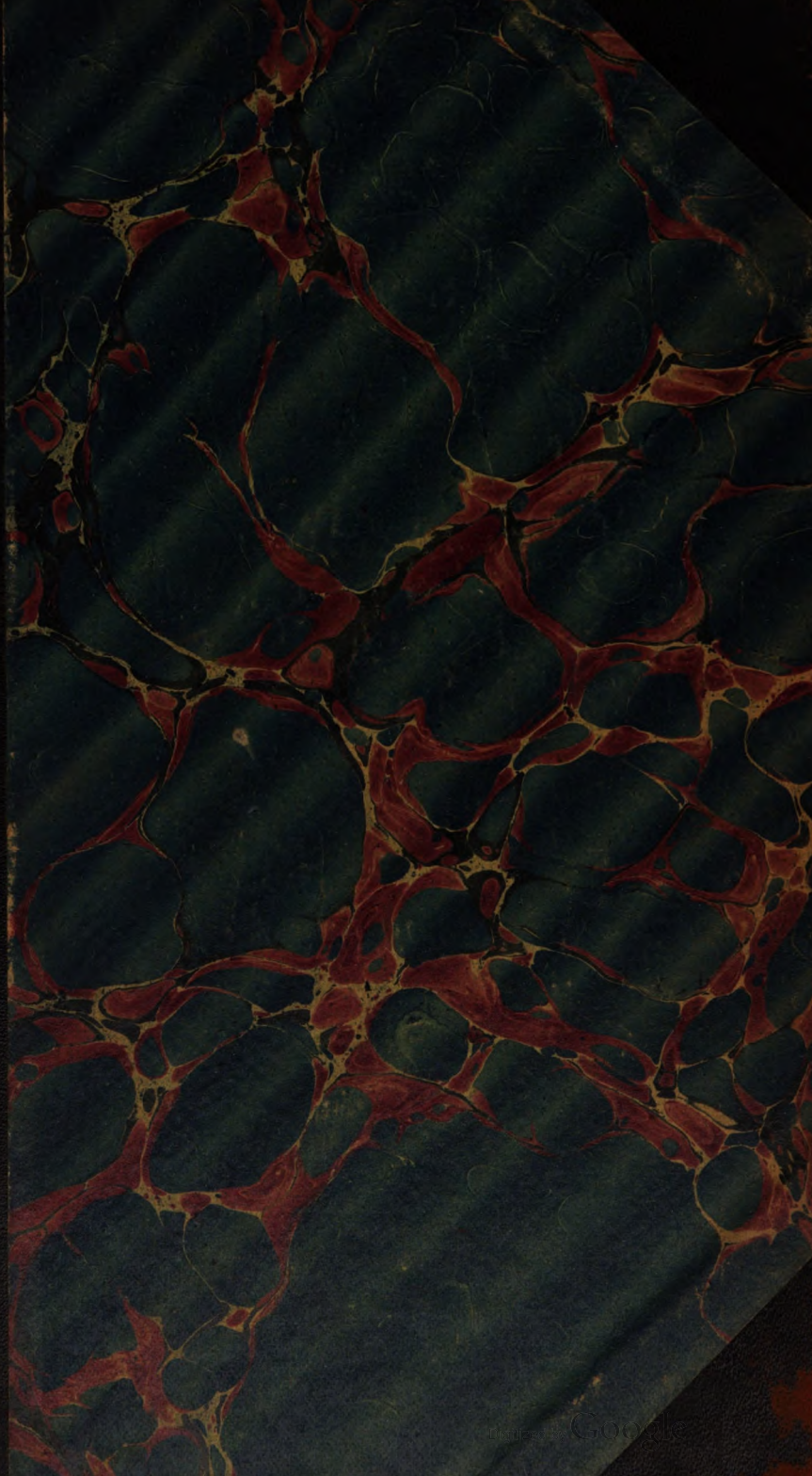
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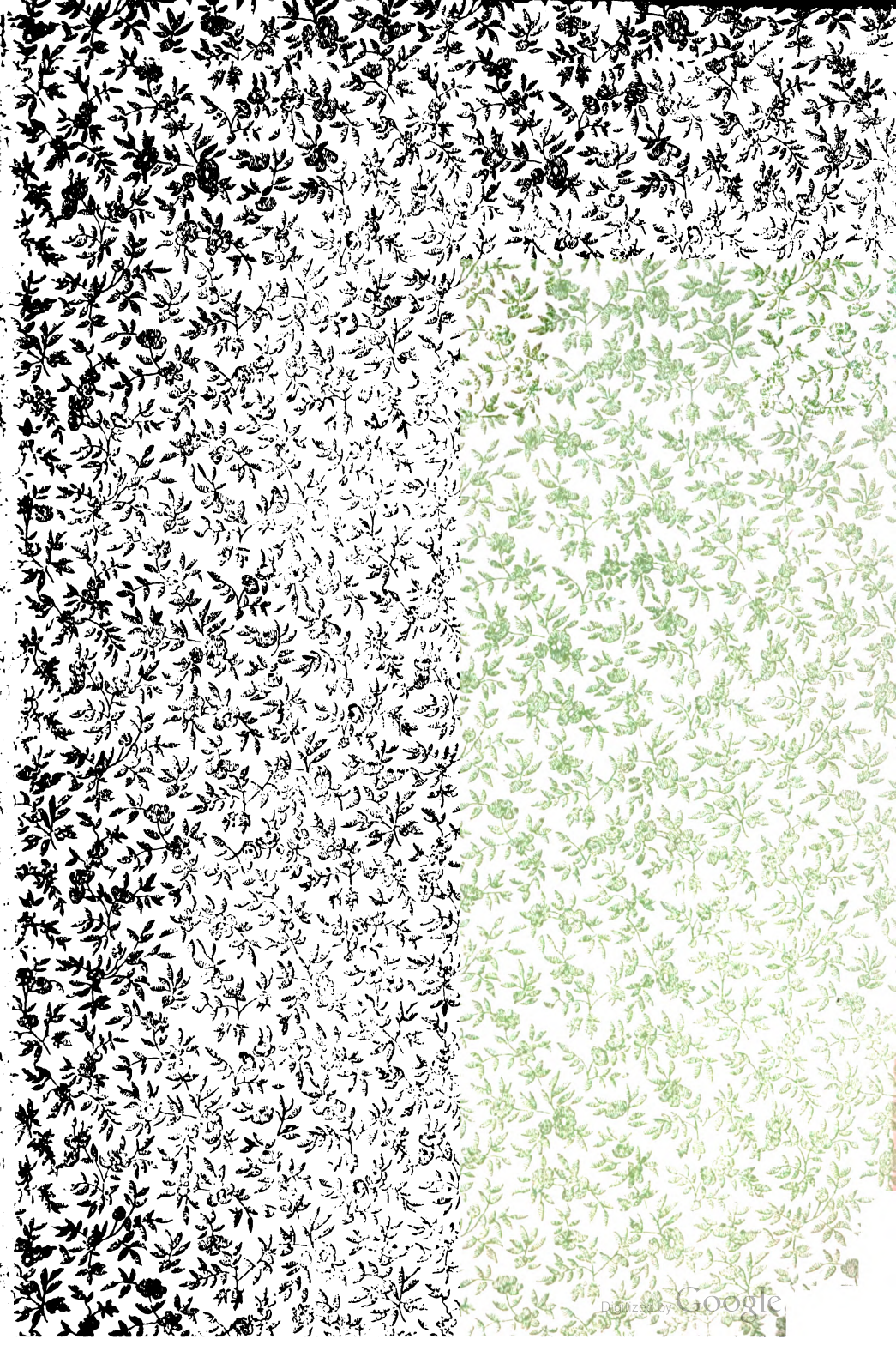


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Iowa Health Bulletin

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JOSIAH FORREST KENNEDY, Editor

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PERSONAL AND OTHERWISE

The next meeting of the State Board of Health and State Board of Medical Examiners will be held at Des Moines, Iowa, on Tuesday, July 31st.

We produce this Bulletin for the purpose of keeping the public informed of the work of the State Board of Health and the State Board of Medical Examiners.

of the State Board of Health. We commend it especially to our physicians.

A large part of this issue of the Bulletin is devoted to Board matters—especially to an important paper prepared by Attorney-General Mullan touching the practical features, the duties and limitations of the boards of health under our Iowa laws. We have also some “hold-over” matter that has been in type for some time.

We hope in our next issue to present complete returns as to the number of casualties resulting from celebrating the “Glorious Fourth” in the United States for 1906. We would like, as this is so much of a commercial age, to report the money value of the explosives used and of the damages occasioned by fires as the result of these patriotic demonstrations.

An examination of undertakers for embalmer’s license was held at the office of the Secretary of the State Board of Health July 20th, conducted by Drs. Sams and Moerke on the part of the State Board of Health, and by Mr. F. L. Unterkircher, of Burlington, and Mr. M. M. Hoffman, of Dubuque, on the part of the Iowa Funeral Directors’ Association. There were 43 candidates.

With this issue the Iowa Health Bulletin enters upon its twentieth year of continuous publication. Where it has been read it has furnished an intelligent conception of the duties and responsibilities as well as the limitations of the State and local boards of health. It has aimed to teach and demonstrate that prevention is better in every way than cure. We have, at all seasons, preached the gospel of soap—assuring our readers that a clean “heathen” is better than a dirty “saint.”

A special meeting of the State Board of Health and of Medical Examiners was held at Waterloo July 10th and 11th in connection with the annual meeting of the “Iowa Association of Health Officers.” It was intended to be the annual meeting, but the question was raised that the January and July meeting must be held at the Capitol. Because of this the business was rather routine—the presentation of the reports of the Secretary to the two Boards, the reading of the minutes and the issuance of Physician’s Certificates to those applicants whose ratings showed a general average of 75 per cent or over, and to applicants for certificates by reciprocity. Both Boards adjourned to meet at Des Moines, July 31.

WATERLOO, IOWA

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In marked contrast with the reports of deaths by the undertakers are the reports of births by physicians. There is a large number of Iowa physicians who failed or refused to make the returns of births because of the labor involved and the absence of any compensation. It is surprising the large number of physicians there are in Iowa who violated a plain provision of the law because, in their opinion, and against the expressed opinion of the Supreme Court in this and other states, the law was unconstitutional! Well, the legislature has generously relieved them of this great burden and hereafter as sometime ago the county auditors, thru the assessors, will perform this duty—and they do it better than the physicians ever did!

The conference of the State Board of Health with the Health Officers of the State tho liberally advertised was poorly attended. We were told that the attendance was larger than at any previous session. We do not think that outside of the members of the State Board of Health the whole number in attendance exceeded twenty. Our duties were such that we were able to hear but little of the program except an excellent paper by Doctor Conniff on "The Work of the State Board of Health," which we hope to reproduce entire in our biennial report. The lecture under the auspices of the Conference of Prof. W. A. Evans, M. D., of Chicago, before the Chautauqua Association, was the great event of the meeting. We expect in our next issue to reproduce some interesting facts stated. The Health Officers' Association elected Dr. C. T. Lesan, of Mt. Ayr, president; Dr. E. W. Doolittle, Garden Grove, vice-president, and Dr. N. W. Getz, Marshalltown, secretary.

In the last issue of the Bulletin we called attention to the excellent work of "The American School of Household Economics." Since then we have received a copy of their lessons on "Food and Dietetics," Parts I, II, and II, prepared by Alice Peloubet Norton, M. A., Assistant Professor of Home Economics, School of Education, University of Chicago, and Director of the Chautauqua School of Domestic Science. There are correspondence courses and persons interested in these practical and very important subjects would do well to write to this school, 3325 Armour Ave., Chicago, for Bulletin No. 1, Series 1, issued March, 1906. Personally and in the interests of the public health and patriotism we are greatly interested in the extensive course of study adopted by this school and most heartily commend it to Chautauqua circles, literary and civic clubs and to all interested in healthy homes and the development of a vigorous people—mentally, physically and, as a consequence, morally.

We have had an opportunity to converse with a number of undertakers of Des Moines and other points thruout the State relative to the obligation resting upon them under chapter 109, laws of the Thirty-first General Assembly relative to filling out and sending to this office death certificates, and in but one instance have we had any complaint. They very cheerfully accept the responsibility and say they will promptly comply, tho there is no compensation except the satisfaction of knowing that they are law-abiding citizens and are contributing their mite toward a valuable report of deaths occurring in Iowa. It is to their great credit that, under the law repealed, notwithstanding the difficulties and inconveniences the undertakers were often subjected to, the reports of deaths as shown by the death certificates in this office are approximately correct. Frequent application is made for a certified copy of a death for the purpose of completing a pension application or settling an estate, etc. We have been able from the files in this office to furnish the required information in at least 95 out of 100 applications. We were unable to find one this week (July 16-22) of a party alleged to have died in Marshalltown. The records show that only two death certificates were sent in from this city for May and none for June. There have been no births reported. From the Marshalltown reports for May and June thus far the deaths have exceeded the births by two hundred per cent. Reports from this district may, however, come in later.

THE LEGAL DUTIES OF BOARDS OF HEALTH OF THE STATE*

Gentlemen:—The topic upon which I have been requested to make an address is "The Legal Duties of Boards of Health of the State." An address upon this subject must of necessity be brief, as no general rule or set of general rules can be laid down which shall be applicable to each individual case.

The action of each board of health in the state must rest upon the facts involved in the particular case as to which it is called to act. While this is true, yet every member of each board of health within the state must constantly have in mind the fact that he is appointed to the place which he holds for the purpose of protecting the health of the general public.

The powers of boards of health are conferred by statute and the powers which may be legally exercised are those expressly conferred, and such other incidental powers as are necessary to the complete exercise of those expressly given.

Section 2568 of the Code provides that the State Board of Health shall have charge of and general supervision over the interests of the health and life of the citizens of the state; matters pertaining to quarantine; registration of marriages, births and deaths; authority to make such rules and regulations and sanitary investigations as it from time to time may find necessary for the preservation and improvement of the

*Prepared by Hon. C. W. Mullan for the Conference of Health Officers and State Board of Health, held at Waterloo, July 10th and 11th.

public health, which, when made, shall be enforced by local boards of health and peace officers of the state.

This statute confers almost unlimited, and perhaps in a degree arbitrary powers upon the State Board of Health.

The rules and regulations which it is authorized to make are limited only in that they must be reasonable, and the reasonableness of such rules and regulations depends in a large degree upon the facts involved, and the actions necessary to protect and promote the public health. The power which may be exercised by boards of health is, of course, a part of the police power of the state, and this power, which is now so firmly settled as an important branch of the laws of this country, is of comparatively recent origin. There is no trace in the books before the early part of the century just closed of the use of the expression "police power" as substantially equivalent to the power of legislation; but that power is now recognized by all of the various courts of this country and England as one of the important powers belonging to the people of each sovereign state, and which can not be bargained or trafficked away by themselves or their representatives in the state legislatures.

This power has been so aptly defined in a recent case by Judge Harlan of the Supreme Court of the United States, that I quote from his opinion:

"The police power includes all measures for the protection of the life, the health, the property and the welfare of the inhabitants, and for the promotion of good order and public morals. It covers the suppression of nuisances, whether injurious to the public health, or to the public morals, like gambling houses and lottery tickets. This power, being necessary to the maintenance of the authority of local government, and to the safety and welfare of the people, is inalienable. As was said by Chief Justice Waite, referring to earlier decisions to the same effect, "No legislation can bargain away the public health or the public morals. The people themselves can not do it, much less their servants. The supervision of both of these subjects of governmental power is continuing in its nature and they are to be dealt with as the special exigencies of the moment may require. Government is organized with a view to their preservation and can not divest itself of the power to provide for them. For this purpose the largest legislative discretion is allowed, and the discretion can not be parted with any more than the power itself. The police power extends not only to things intrinsically dangerous to public health, such as infected rags or diseased meat, but to things which, when used in a lawful manner, are subjects of property and commerce, and yet may be used so as to be injurious or dangerous to the life, the health or the morals of the people. Gunpowder, for instance, is a subject of commerce and of lawful use, yet, because of its explosive and dangerous quality, all admit that the state may regulate its keeping and sale.

"All rights are held subject to the police power of the state." "Whatever differences of opinion may exist as to the extent and boundaries of police power, and however difficult it may be to render a satisfactory definition of it, there seems to be no doubt that it does extend to the protection of the lives, health and property of the citizens, and to the preservation of good order and the public morals, and the legislature can not, by any contract, divest itself of the power to provide for these objects. They belong emphatically to that class of objects which demand the application of the maxim, 'salus populi suprema est lex'; and they are to be attained and provided for by such appropriate means as the legislative discretion may devise. That discretion can no more be bargained away than the power itself."

In this state, acting within the scope of its legal authority, the legislature has conferred upon the State Board of Health the right to make

such rules and regulations as from time to time it may find necessary for the preservation and improvement of the public health; and has made it the duty of the local boards of health and of the police officers of the state to enforce such rules and regulations. It is just as much the duty of the local boards of health and of the peace officers of the state to enforce the rules and regulations of the State Board of Health as it is to perform any other duty pertaining to the offices which they hold. And the members of such local boards of health and the peace officers of the state should be held to just as strict an accountability in the enforcement of such rules and regulations as they are in regard to any of the other duties of their respective offices.

In addition to the statute referred to, the twenty-ninth general assembly enacted a law which provides that if any local board of health shall refuse to enforce the rules and regulations of the State Board of Health, the State Board may enforce its rules and regulations within the territorial jurisdiction of such local board; and for that purpose the State Board shall have and may exercise all of the powers given by the statute to local boards of health.

The act further provides that the peace and police officers of the state, when called upon by the State Board of Health to enforce its rules and regulations, shall execute the orders of such board. It also provides that all expenses incurred by the State Board of Health in determining whether its rules and regulations are enforced by a local board, and in enforcing the same when the local board has refused or neglected to do so, shall be paid in the same manner as is provided for the payment of the expenses of enforcing such rules and regulations by the local boards of health.

The high importance of the enforcement of all the rules and regulations of the State Board of Health may be gathered from these statutory enactments, which are emphatically mandatory in their character.

We now turn more directly to the duties of the local boards of health and of the local health officers, because upon them depends in a high degree, the health and comfort of the local communities. They constitute a part of the community in which they hold office; they are in touch with the local surroundings and conditions. If the sanitary conditions of the city or town in which they live are bad, they have knowledge of that fact. If an epidemic of a contagious disease threatens, they are at once informed of it. If adulterated food or diseased meat is offered for sale, they are or should be informed of such fact. If a nuisance exists which is detrimental to the health of the community, they are not ignorant of its existence.

The power to act in all such cases, and in others not specified, is not only conferred upon the local boards of health by the statute, but the law makes it their duty to take prompt and decided action.

Section 2568 of the Code imposes upon such boards the duty of making such regulations as are necessary for the protection of the public health respecting nuisances, sources of filth, causes of sickness, rabid animals and quarantine, not in conflict with any regulation of the State Board of Health; and to proclaim and establish quarantine against all infectious or contagious diseases dangerous to public health, and maintain and remove the same as may be required by the regulations of the State Board of Health.

The statute also imposes upon them the duty of making an examination of any cellar, room, tenement, building or place occupied as a dwelling or otherwise, for the purpose of ascertaining whether the same is by reason of the number of occupants, uncleanness, or other cause, unfit for the purpose for which it is used; and if they find that it is, they may require it to be put in proper condition by the occupants, or may

require them to remove or quit the premises within a reasonable time, and if the persons occupying such premises neglect or refuse to comply with the order of the board, it may cause the premises to be properly cleaned at the expense of the owner, or may forcibly remove the occupants and close the premises.

These powers, with the power to make and enforce such regulations as are deemed necessary for the protection of the public health, may be and undoubtedly are sometimes thought to be arbitrary powers so exercised by the local board of health, but it is the history and experience of all legislation upon the subject, that every board of health and every health officer must of necessity be clothed with powers which may be at times arbitrarily exercised.

There is something peculiar in the character of men and women generally, which resents any attempt upon the part of another person, whether he holds an official position or not, to better their condition. This thought recalls an incident related by a noted English author of the attempt of the owner and operator of a great factory in England to ameliorate and better the condition of his workmen. He discovered that the lungs of the saw grinders who were using dry stones, were affected by the dust which came from the stones upon which they were at work. In order to relieve them of this danger, he provided fans by which the dust was blown in an opposite direction. His action was declared to be an innovation upon the time-honored method of grinding saws in the factories of England, and the workmen refused to proceed with their work unless the fans were removed, and when the owner persisted in maintaining the fans at the grindstones, the workmen walked out of the factory.

The local boards of health and health officers necessarily meet and have to contend with this peculiarity in human nature. Their work, therefore, must be to a large degree educational in character. The ignorant must be taught the necessity of sanitation and of quarantine against the spread of contagious diseases, and the obstinate must be taught by a rigid enforcement of the law that the public health is a matter of first consideration to the community. The responsibilities which at times devolve upon the local boards of health and upon the health officers, are so serious as to test their judgment, integrity and courage to the utmost. When these tests come, they must be met with a fortitude and firmness that shall command the respect and obedience of those against whom the enforcement of the rules and regulations adopted for the preservation of the public health, is necessary; and frequent association and conference of the members of the respective boards of health and of the health officers of adjacent cities and towns will give them confidence which will direct their judgment and enable them to act with firmness and decision.

The fear of expense should never stand in the way of the enforcement of measures which are necessary to the public health. Penuriousness has no place in the code of the local boards of health. If action is demanded, it should be thorough and to the end that the disease or source of danger which called it forth, should be absolutely eradicated and stamped out. The question of expense is of no importance compared with the question of the public health. Every contagious disease should be confined to the smallest possible number of people and to the smallest possible area of territory. A quarantine should be one in fact as well as in name. As illustrating this general principle I quote from the opinion of the United States Supreme Court in a case recently appealed from California:

"The purpose of quarantine and health laws and regulations with respect to contagious and infectious diseases, is directed primarily to

preventing the spread of such diseases among the inhabitants of localities. * * * In this respect these laws and regulations are under the police power of the state and may be enforced by quarantine, and health officers in the exercise of as large discretion as circumstances may require. The object of all such rules and regulations is to confine the disease to the smallest possible number of people; and hence, when a vessel in a harbor, a car on a railroad, or a house on land is found occupied by persons afflicted with such a disease, the vessel, the car, or the house, as the case may be, is cut off from all communication with the inhabitants of adjoining houses or contiguous territory, that the spread of disease may be arrested at once and confined to the smallest possible territory."

I am aware that the vexed question as to who should pay the expense of establishing a quarantine, and that which necessarily follows from its establishment, has frequently arisen under the provisions of our statute; and as law officer of the state I have many times been called upon to determine by whom such expenses should be paid.

The recent act of the thirty-first general assembly has, however, wisely and I think permanently settled all such vexatious questions.

Chapter 3 of the acts of the last general assembly provides that all expenses incurred in establishing, maintaining or raising a quarantine, including disinfection of the building, also expenses incurred by the local board of health in providing needful assistance, nurses, medical attendance and supplies, shall be paid by the county in which the expenses are incurred, and that the board of supervisors of that county shall, at the time it levies the general taxes, levy upon the property of the city, town or township from which such expenses were certified, a sufficient tax to reimburse the county to the extent of one-third the amount paid by it.

This appears to me to be a wise and just provision of the statute. The quarantine against a contagious or infectious disease is for the benefit of the general public, and while the locality in which such disease is first discovered should perhaps pay a penalty for the unsanitary condition which produced or invited such disease, the larger part of such expense should be borne by the political division of the state in which the expenses became necessary.

It was Franklin who wrote the maxim that "public health is public wealth." This maxim is as true today as when uttered by Franklin, and it now finds a higher significance in the ascertained relationship of sound and vigorous health to the social and moral interests of individuals, families and nations.

Health is wealth and much more. It is the mental and physical progress of the human race. A sound and healthy mind can not long exist without a sound and healthy body, and neither can exist in the highest type of perfection except under the influence of the best sanitary condition.

The responsibility, therefore, of the progress of the people of the state, of their ability to accumulate wealth by labor, mental or physical, and of the acquisition of sound, healthy minds and bodies, characteristics which may be transmitted to their posterity, rests in a very large degree upon the boards of health, State and local.

In view of this responsibility, there should be no hesitancy as to the full performance of the duties which the members of such boards have undertaken as public officers to perform. Every act done and every step taken should be with a realization of the truth of the maxim, "Salus populi suprema est lex."

BUTTER COLOR KILLED CHILD*

The death of the infant child of A. F. Summey and wife at Seybert should have more than the passing notice given last week that he died from the effects of drinking butter coloring. The cause of his death should be impressed upon every housewife who colors butter, for while the coloring may be harmless when used as directed, it should be kept out of reach of children.

Mrs. Summey kept the butter coloring on a high shelf, but little Arnold, childlike, climbed up on a chair and hunting for something to eat or drink, found the bottle, and had drank about a tablespoonful of the contents before he was noticed by his mother.

This was between 8 and 9 o'clock on Monday morning, February 12th. The mother gave the child some milk as an antidote, but at noon the child began to vomit, and Dr. F. C. Wade of Lima was called. He arrived at 2 o'clock, but in the meantime the coloring matter had been absorbed by the blood and acted as a poison.

The child was nearly exhausted, but rallied under the doctor's treatment, and was much better and able to play a little next morning, but on Wednesday morning, the second day after drinking the coloring matter, he died suddenly in his mother's lap. Dr. Wade and Dr. Hunt of Shipshewana were called, and it was the opinion of each that the direct cause of death was heart failure brought on by poisoning from drinking the butter coloring.

The color was made by Wells, Richardson & Company, and is used extensively to bring butter up to the standard color in both dairies and on the farm all over the country. A pamphlet wrapped around the bottle contains the printed certificates of chemists that it is harmless in butter; but the following warning appears on the label: "Caution—This color is in concentrated form and should be used for no purpose other than coloring butter, as directed: **Keep it out of the reach of children.**"

The composition is given on the label as olive flavored cotton seed oil, annatto seed and azo compound.

Dr. Hunt took the bottle from which the child drank to his office, and will analyze the contents left in it. Dr. Wade intends to bring the case before the next meeting of the county medical society.

Possibly the color is not poisonous when used in butter, but for ourselves we would prefer to take our butter natural or use oleomargarine, from which coloring is excluded by law. And we would suggest that the farm might be a good place to begin reform in the matter of coloring and adulteration of food products.—Lagrange Standard, March 1, 1906.

THE DUTIES OF UNDERTAKERS

The following is a copy of a circular sent to every undertaker in the state so far as we could obtain their addresses:

Des Moines, June 26, 1906.

Chapter 109, laws of the Thirty-first General Assembly, relating to the registration of vital statistics, contains the following provision relative to reporting deaths:

Sec. 2. The undertaker or the person in charge of the funeral of any person dying in Iowa, shall cause a certificate of death to be filled out, with all personal particulars contained in the standard blanks adopted by the U. S. Census Bureau, and with a statement of cause of

* From Monthly Bulletin, Indiana State Board of Health.

death by attending physician, or in his absence, by the health officer or coroner, and shall file it with the State Registrar on or before the 5th day of each month for the month preceding and no sexton or superintendent of cemetery shall permit interment and no railroad or other transportation company shall permit shipment of the body unaccompanied by such certificate of death.

In addition to the certificate of death forming a part of the yellow or white transportation "paster," the undertaker shipping the body must show the station agent the regular "standard blank" properly filled out, and furnish him with a duplicate of the same to be presented, by the person accompanying the remains, to the sexton or cemetery superintendent at the place of interment.

When the body is not to be transported the undertaker having filled out the death certificate (V. S. D.) in due form must present it to the sexton or superintendent of the cemetery, or to the superintendent of a state institution having an institutional burying ground, or if in the country to the grave digger or trustees of the graveyard and receive from him, or them, a burial permit, the form to be prescribed by the State Registrar. These burial permits will be furnished to the undertakers and by them to the sextons or cemetery superintendents.

These death certificates shown to the cemetery authorities are to be retained by the undertaker until the 5th day of each month when all issued for the full calendar month, immediately preceding, shall be sent to the State Registrar.

The State Registrar of Vital Statistics will promptly furnish to all undertakers whether licensed embalmers or not, so far as he can obtain their addresses, all the blanks necessary for the prompt and proper discharge of their duties. **The law goes into effect July 4th.**

The following are the penalties for refusing or neglecting to comply with the law:

Sec. 8. Any person acting as undertaker, sexton, agent of a transportation company, or other person, violating any of the provisions of this act shall be fined not less than ten dollars (\$10.00) and not more than one hundred dollars (\$100.00) or be imprisoned not more than sixty (60) days or be subject to both fine and imprisonment at the discretion of the court. It shall be the duty of the prosecuting attorney in each county upon complaint of the State Registrar to prosecute in such cases and the State Registrar shall endeavor to see that this act is uniformly and officially executed thruout this state.

This circular is being sent to every undertaker whose address we have. Please file your application for blanks at once and the requisition will be filled as promptly as possible in the order received. Use the V. S. D. blanks you now have until you receive the new ones. As the State Registrar has no record of the sextons or superintendents of cemeteries or graveyards, undertakers will serve their own interests and save delay by informing such sextons, etc., of their duties under the law, and by supplying them with burial permits (V. S. X.) which may be obtained from registrars and sub-registrars whose duties as such end on July 3d; or these permits may be obtained from the undersigned.

J. F. KENNEDY, State Registrar Vital Statistics.

THE CRUSADE AGAINST TUBERCULOSIS

The Journal of Outdoor Life, published at Trudeau, N. Y., in the Adirondack Mountains, has been made the official organ of the National Association for the Study and Prevention of Tuberculosis, of which Dr. Herman M. Biggs, Medical Director of the New York City Health Department, is president. The membership of the association includes

the leading workers in the field of tuberculosis, both lay and professional, throughout the United States and Canada.

The Journal of the Outdoor Life aims to be helpful to persons suffering from or having a tendency toward lung trouble. It deals with the outdoor treatment of tuberculosis in an intelligent and scientific manner and, while not advocating self-treatment by the laity, or attempting to supplant personal medical advice, it points out some of the common pitfalls that beset the unwary health-seeker. It advocates fresh air, nourishing food, carefully regulated exercise and competent medical supervision.

The Journal of the Outdoor Life is not devoted exclusively to the subject of tuberculosis, but aims to publish readable, practicable, and useful articles on how to get the most benefit, satisfaction and happiness from an outdoor life.

The subscription price is one dollar a year, or ten cents a copy.

DISINFECTION OF PHYSICIANS' HANDS

By Paul Shekwana,* Bacteriologist of the Iowa State Board of Health, Iowa City, Iowa

In these enlightened days it is common not only among doctors and scientific people but also among ordinary public, to say, disinfect and sterilize everything in order to get rid of bacteria and avoid infection. This saying is perfectly true and should be observed by everybody, because any person, whether a man or woman, child or old, physician or not, who is infected with a particular disease may become a source of infection to the community. The author, however, believes that this saying is much more applicable to all practicing physicians than to the rest of people. This announcement may sound very startling but nevertheless it is perfectly true and is founded on the author's personal observations and experiments, that is to say, he has found that the hands of practitioners are always more dangerous than those of other people.

We know that the hands of everybody are full of germs, but fortunately they are not disease-germs. While in case of a practicing physician who treats various infectious diseases many of these germs are disease-producing micro-organisms and he may by contact transfer them to other people.

He starts on his visit and sees the first patient, from there he goes to see the second one and so on. Is he not carrying the germs of the first patient to the second, and the germs of the second patient to the third, etc.? This transmission of germs is more possible with a physician than with an ordinary man, since the doctor has not only to see a patient, but also to handle and examine him, consequently a physician's hands ought to be always kept sterile. Should his hands be not sterile, is he not becoming a very dangerous source of infection to his own family as well as to the rest of his community? Is it not for the very reason that quarantine is established in a house where an infectious disease exists, and people are prevented from going to that house, because they might get infected and infect others? Would not this be true and even worse with a physician who goes to see the patient and touches him with his unsterile hands? Therefore, the best and only remedy for this is, that every practitioner should have on him a small bottle containing some disinfectant. As soon as he starts on his visit he should disinfect his hands in order to make them sterile. After he examines his first

* Recently accidentally killed at Iowa City.

patient and leaves the house he should put some of this disinfectant on his hands again in order to kill the bacteria which might have fallen on his hands from the first patient, and in that way he will avoid infecting the second patient with the first patient's disease and so on. This system will make it very safe for the physician himself, his family, and for all those who come in contact with him. In all civilized countries and among enlightened people of the present days, this system of self-disinfection will make a physician much more prominent and trustworthy, because people will realize that they will not be infected with various diseases which the physician has been treating and he will no doubt have many more people come to him than to one who is careless about infection.

As to the disinfectant to be used, is a matter of choice. The author, from personal experiments on his own hands, as well as on other people, can recommend the following disinfectants:

A 1 in 1000 solution of bichloride of mercury will sterilize the hands in from five to ten minutes.

A solution of from 4% to 5% carbolic acid will act in from ten to fifteen minutes in a similar manner.

A 2% solution of lysol will act in about ten minutes, and render the hands sterile.

Of course there is a difference between different hands, the rougher the hands the longer it will take the disinfectant to act. None of these above mentioned solutions are injurious to the hands, and for instance, if some people find that a 4% to 5% solution of carbolic acid is a little too strong, a little alcohol mixed with it will make it pleasant for application without impairing the disinfecting properties of the solution, or better still, it may be mixed with a little glycerin.

If this self-disinfecting system were to be practiced by every physician, a practitioner would himself never catch a disease or transfer it to others

BEEF AS FOOD

"The Dietic and Hygienic Gazette" has been publishing some very interesting articles upon, **Food: Its Relation to Health and Disease,**" contributed by Drs. Ephraim Cutter of Boston and John Ashburton Cutter of New York. In the March number of the Gazette we find the following recapitulation of the goodness of beef:

a. Milk, an animal food, is the second natural food to the new-born babe, air being the first.

b. When the teeth appear, beef juice and boiled beef pulp are the best foods.

c. Beef-eating races have ever stood at the front, vegetable eaters taking the second place.

d. Beef-eating nations do not present leprosy, as vegetable-eating nations do.

e. Beef, properly cooked, with water, can be lived on solely, longer than any other food, animal or vegetable, and the normal health retained.

f. Beef is quickly and easily digested; the stomach is a lean meat digesting organ.

g. Beef has cured grave chronic diseases, when vegetable food has brought them on.

h. Beef confers more force and staying powers than any vegetable food.

i. Beef is a Bible clean food, fed to Hebrew priests, and Jews now.

j. Beef has made bad blood good in forty-eight hours and less.

They remark further: "There are differences in the goodness of beef

as everyone knows, according to the cuts, which our government notes as follows: (a) rump, (b) socket, (c) top sirloin, (d) small end sirloin, (e) first cut ribs, (f) second cut ribs, (g) third cut ribs, (h) first cut chuck ribs, (i) second cut chuck ribs, (j) third cut chuck ribs, (k) first cut neck, (l) second cut neck, (m) third cut neck, (n) hind leg, (o) second cut round, (p) first cut round, (q) flank, (r) top of sirloin, (s) navel, (t) plate, (u) brisket, (v) cross ribs, (w) shin (foreleg), (x) shoulder clod. Here are twenty-four varieties of cuts in the same animal, the best of which is the rump, provided it is tender and well freed from the tough white fibrous tissues. The pure, muscular fibre of beef is its most nutritious part, standing at the highest rank of beef preparations."

TEACHING HYGIENE IN THE PUBLIC SCHOOLS

It is important to note how readily children become interested in the subject of hygiene when properly presented in the public schools. Every thoughtful person must admit that its importance is greater than that of any other study, not even excepting any of the three old-fashioned "r's"—reading, 'riting, and 'rithmetic.

A group of tenement house children in Boston known as "The Hawthorne Club" have a "board of health" consisting of a girl of eleven and two boys of ten. The following rules were made by this board and show that the lessons in hygiene have been remarkably well assimilated. In fact there are many college graduates and people in middle life who would find such a set of rules as the following of real value:

If you are a consumptive don't spit on the floor or street. Destroy the spit.

Keep yourself neat and tidy and don't bum around.

Eat simple and nourishing food, such as plain meat, fruit, eggs, crackers, cream and cereals.

Wash your face, hands, ears, teeth and nails.

In summer take two baths a week, and a sponge bath every day.

When you get up in the morning take a few breathing exercises.

Take plenty of exercise.

Take plenty of regular sleep.

Don't eat between meals.

Don't eat cheap candy and pickles.

Don't let anyone use your own towel.

Keep clean houses.

Try and have sunny rooms. Dark and damp rooms are not healthy.

Children from five to ten should take special care of themselves.

Older children should help the little ones keep clean.

Keep fresh air in your house.

Dirt is bad.

Flies are bad.

Don't let garbage stand around.

Clean your closets steady.

Change your clothes every week promptly.—The Healthy Home.

COMMENDABLE MAXIMS

As we have been celebrating the two hundredth birthday of one of America's greatest patriots, philosophers and statesmen—Benjamin Franklin—we have thought it might be interesting to present some of his maxims as well as some of those of two other great Americans. The

ones selected from Franklin are along sanitary lines, while the others are more general in their application. Franklin's were published as the sayings of Poor Richard:

"Early to bed, early to rise,
Makes a man healthy, wealthy and wise."

"Don't go to the doctor with every distemper, nor to the lawyer with every quarrel, nor to the pot for every thirst."

"Better is a little with content than much with contention."

"Hunger never saw bad bread."

"To lengthen thy life lessen thy meals."

"He that never eats too much will never be lazy."

"If thou wouldst live long live well, for folly and wickedness shorten life."

"Wish not so much to live long as to live well."

—Benjamin Franklin.

"Never spend money before you have it."

"We never repent of having eaten too little."

"Take things always by their smooth handle."

"Never put off till tomorrow what you can do today."

"Never trouble another for what you can do yourself."

"Pride costs us more than hunger, thirst and cold."

"Nothing is troublesome that we do willingly."

"How much pain have cost us the evils that have never happened."

"When angry count ten before you speak; if very angry a hundred."

"Never buy what you do not need because it is cheap; it will be dear to you."

—Thomas Jefferson.

"Let none falter who thinks he is right."

"Come what will, I will keep my faith with friend and foe."

"There is no grievance that is a fit object of redress by mob law."

"No man is good enough to govern another man without that other's consent."

"I believe this Government can not permanently endure half slave and half free."

"Gold is good in its place; but living, brave and patriotic men are better than gold."

—Abraham Lincoln.

FOOTBALL ROWDYISM

The officials of the Boston Elevated Railway Company assert that a dangerous and disgraceful species of rowdyism in connection with football games is becoming too prevalent to be further ignored. It has become, they declare, the custom of certain football players and their followers, when returning in a street car from a game to turn out the lights, to cut bell cords, to evade fares, to steal signs and to annoy and even insult other passengers in cars. In relation to the subject an official of the road said yesterday:

"While the company desires to make all due allowance for the natural exuberance of youthful spirit, it cannot in justice to the riding public ignore misconduct that is both disorderly and dangerous. The evil is growing both in extent and seriousness.

"In a recent case investigated by the company, members or followers of the team turned off the lights in a car, defied the conductor, and proceeded to have what they called a 'rough house,' in which they com-

mitted all of the acts above specified. The assistant manager of this particular team frankly admitted that it is a common occurrence for the boys to steal signs. One of the members of the team said that the members of the team had been reprimanded by the head of the school. He said, 'In years past I know that we have made a practice of not paying our fares on our way home after playing football. I know that somebody makes a practice of turning the lights out, and it is impossible for the conductor to get his fares.'

"It is the custom of certain teams and their followers, when the lights are turned out to endanger the safety of passengers by their wild acts, to indulge in profanity, and sometimes to insult women; and further, and more serious, by the very act of putting out the lights, take away the means which the drivers of teams and the motormen of other cars have of seeing the car and preventing a collision. These boys injure and destroy the company's property, interfere with the proper running of the car, evade fares, and in general violate public peace and safety."—*Boston Globe*, Nov. 30, 1905.

The above has been in type during several issues of the Bulletin. Tho somewhat belated and out of date it may be profitable by way of anticipating the next football season.

ATTENTION—UNDERTAKERS!

Your attention is respectfully called to Sections 2 and 8 of the law passed by the last General Assembly relative to death certificates and your duty to have them filled out and sent to this office on the fifth day of each month. A burial permit will be issued by the sexton or superintendent of the cemetery. The same form of death certificate and burial permit will be used. The cause of death must be certified to by the physician and the certificate when properly filled out is to be shown to the sexton or superintendent as his authority to permit the burial. These certificates are to be held by you until the 5th of the month when they are to be sent here. The Secretary of the State Board of Health, who is the State Registrar, will be glad to furnish promptly every undertaker in the State with blank death certificates. Do not allow yourself to be out of them. The State Registrar wants the name and address of every funeral director in the State, whether a licensed embalmer or not. The law referred to was printed in a former issue of the Bulletin.

BEEF JUICE AND ANIMAL BROTHS

Beef juice and animal broths should never be given to a child under twelve months of age, and it is best not to give cereal gruels under six months, as the stomach of a child at that period of life can not digest animal broths or juices, and the salivary glands have not fully developed, so that probably the little ptyalin that is secreted does not entirely convert the starch of the gruels into sugar. These substances, therefore, either pass through the stomach and bowel unchanged, or aggravate the diarrhea.—*Med. Standard*.

movement, for our country, in the attempt to inform youth directly and authoritatively of the danger in loose morals, will be generally followed by local societies all over the Union.

Dr. William T. Belfield, secretary of the Chicago Society of Social Hygiene, commenting on the circular says: "It is the most concise and admirable for its object that I have seen," and Dr. Kennedy, secretary of the Iowa State Board of Health, says: "It ought to be in the hands of boys and girls, their parents and teachers." Assistant Secretary Green of the American Medical association writes: "We shall make a note of this (the circular) for the next number of the Councillors' Bulletin, calling the attention of county societies, and especially county secretaries, to the work which your society is carrying on, and suggesting that other county societies imitate the Scott county society in this work. * * * (It) is preeminently a work that should be taken up by county societies, (as) the physicians in each town will have much more influence with the public than could any outside organization."

Some of our physicians may have been missed in the intended distribution of the circulars, and these or others desiring copies can get them at the office of the secretary, Dr. Geo. Middleton.

RESULTS OF THE SAN FRANCISCO EARTHQUAKE

The Pacific Medical Journal has the following to say as to the results of the great San Francisco disaster (?) in its relation to marriages, births and death:

"Marriage.—From the first few hours of our disaster until the present time the increase in marriages has been something phenomenal. Estrangements grew into mutual understanding of respect, acquaintance grew into friendship, "understandings" grew into engagements, pity grew into love and engagements, and engagements were rapidly consummated on a brick pile or on a lawn. Even the romantic trips of three miles out to sea were forgotten and the marriage knot was hastily tied. One rush order of 200 wedding rings was sent to New York from San Francisco a few hours after the earthquake. The marriages in San Francisco and vicinity have increased at least 95 per cent during the months of April and May.

"Birth Rate.—The shock brought about an enormous increase in the birth rate. Dozens of children were born within a few hours after the first shock and for twentyfour hours to a week thereafter premature births occurred by the hundreds. This condition is not so difficult of explanation.

"Deaths.—Excluding the number of victims killed by falling chimneys and the collapse of houses, the death rate has distinctly diminished, thanks to the watchful and efficient care of the Health Commissioners of San Francisco. The neurasthenics, the pseudo-paralytics, the hypochondriacs, all were cured in an astonishingly short space of time. These people suddenly became well and strong and active, once more taking an interest in life, in their surroundings, and in their friends."

The item regarding the astonishingly rapid cures of those having nervous disorders—real or imaginary—will prove a great bonanza to the faddists who are now so loudly and extravagantly exploiting the vibratory treatment.

There may also be some very worthy ladies who, reading of the results along matrimonial lines, will either regret they were not there or hope that their town may have a shaking up, or down.

Iowa Health Bulletin

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THE STATE BOARD OF HEALTH

JOSIAH FORREST KENNEDY, Editor

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No. 2

STATE BOARD OF HEALTH

CHAS. W. MULLAN, Att'y-Gen., Waterloo.
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SELSKAR M. GUNN, 1st Ass't. Bacteriologist of the Board, Iowa City
PROF. C. N. KINNEY, Chemist of the Board, Drake University, Des Moines
The regular meetings are held in January, April, July and October.

STANDING COMMITTEES

Auditing—Hanchett.
Communications—Conniff, Sams.
Contagious Diseases—Linn.
Corpses and Embalming—Moerke, Eiker.
Diseases of Animals and Veterinary Sanitation—Koto, Moerke.
Disinfection—Albert.
Food and Water—Francis, Eiker.
Gasoline Lamps—Francis, Koto, Kinney.
Legislation and Legal Enforcement—Mullan.
Library and Printing—Hanchett.
Oil Inspection—Linn, Koto.
Plumbing and Ventilation—Francis.
Publications and Rules—Sams, Eiker.
Schools—Hanchett, Conniff.
Sanitary Analysis—Kinney.

STATE BOARD OF MEDICAL EXAMINERS

President—J. H. SAMS, Clarion
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Members—The Physicians of the State Board of Health.
Correspondence relating to *practice of medicine and osteopathy* should be sent to the Secretary of the State Board of Medical Examiners.

IOWA ASSOCIATION OF HEALTH OFFICERS

President, Dr. C. L. LESAN, Mt. Airy. *Vice-Pres.*, Dr. E. W. DOOLITTLE, Garden Grove
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Second Vice-President—A. L. URICK, Des Moines.
Secretary-Treasurer—DR. E. LUTHER STEVENS, Des Moines.

PERSONAL AND OTHERWISE

The next meeting of the State Board of Health and of Medical Examiners will be held at the Capitol October 10th and 11th, proximo.

The next examination for certificates to practice medicine and osteopathy will be held on the 11th, 12th and 13th days of September, next,

spoiled by being kept over and being revised and brought up to date they are respectfully commended to your careful consideration.

At Ossian, Iowa, on January 5th, a cow was slaughtered for beef that was **diseased with actinomycosis—lump jaw**. The local board of health condemned it, and destroyed the carcass, and appointed a temporary local inspector to inspect all animals intended to be slaughtered for food.

An examination was held by the State Board of Medical Examiners December 11, 12 and 13th at which there were present five physicians and fourteen osteopaths. The returns show that two M. D.'s and three D. O.'s received a general average of 75 or over and were awarded certificates.

One regret the Secretary of the State Board of Health has in severing his official relations to the Iowa Board, is the fact that thereby he severs the close, pleasant social and official relations that he has enjoyed with the Secretaries of other State Boards of Health—an acquaintance that has extended in a few cases over the twenty-two years he has been in the Health Department of his State.

The Four Best Disinfectants:—

The Best **Natural** Disinfectant—**Sunshine**.

The Best **Germ** Disinfectant—**Formaldehyde**.

The Best **Physical** Disinfectant—**Soap**.

The Best **Moral** Disinfectant—**Publicity**.

—Bulletin Kansas State Board of Health.

Mr. J. C. Davenport, Clerk of Clear Lake, and editor of the "Clear Lake Reporter," in an annual report for his city, says: During the year there was only one case of typhoid fever and that was contracted in Mason City and only one case of scarlet fever. There were no cases of any other infectious diseases and but little sickness of **any kind**. For a city the size of Clear Lake this is a **most remarkable record**.

Dr. J. F. Torpey, New Hampton, sends us a series of resolutions adopted by the Chickasaw County Medical Society **condemning the "prevalent indiscriminate practice of embalming the dead"** as wholly unnecessary and asking the legislature to enact a law "making it a misdemeanor to embalm a dead body until after death certificate has been issued, and then only after the embalmer has been specifically employed by the proper authority from those having charge of such bodies."

At the meeting of the State Board of Health, held January 9 and 10, **Dr. Robert Emmet Conniff** was not able to be present. His term of service will expire January 31st. He will then have served fourteen years of continuous service—two full terms. Dr. Conniff has been a most efficient and faithful member and his judgment and active services have been of great service to the State as well as to the Board. He has twice served the Board with great credit as President and has represented the Board at many important sanitary conferences at home and abroad. The Secretary has had many exhibitions of his personal friendship.

Mayor McCrary, of Lake City, suggests that the law relating to the selection of Health Officers for cities be so changed as to require their appointment by the mayor, rather than their election by the City Council. With a mayor who is wide awake as to his responsibility in matters of quarantine and the protection of the public health this would be a most excellent change. As the law now is the mayor establishes, maintains and releases quarantine and is really responsible for the health of his locality. With a health officer selected by himself, and in full sympathy with his efforts to put and keep his municipality in the best possible sanitary condition much better results could be obtained than is often the case under the present system.

We have frequently in the Bulletin called attention to the **importance of sanitary conferences** held in different parts of the State—as often as quarterly—embracing the State and Municipal Boards of Health, and having on the program prominent citizens—lawyers, clergymen, physicians, statesmen, educators and those engaged in industrial occupations. The meeting of the Iowa State Board of Health with the Iowa Health Officers' Association at Waterloo last July was along this line—tho somewhat ill-timed. Such conferences should not be held in connection with any other gathering—sanitary, political or fraternal. The The First Annual Conference of the State and Municipal Boards of Health of Ohio will be held at Columbus January 24, 1907. The program as announced insures an interesting and profitable meeting.

Smallpox has been more than usually prevalent. Cases have been reported from Spencer; Centerville; Richland Township, Mahaska County; Des Moines; North English; Lincoln Township, Warren County; Akron; Olin; Van Buren Township, Jackson County. Astonishing as it may seem there are still doctors in Iowa who call smallpox "Cuban itch." This is done thru ignorance or a disposition to favor the patrons of the

doctor rather than the public. In one of the places named above the **Health Officer** and a physician secreted or neglected to report a case in a "rooming house." The fact of its existence only got to the mayor by the accidental discovery of the case by a policeman! The State Board of Medical Examiners should have authority to cancel any physician's certificate who after fair trial is found to refuse or neglect to comply with the laws imposed upon him by the statutes of the State—especially those laws that are for the protection of the public health.

This issue of the Bulletin terminates the services of the present editor as such. During the twenty years as editor we have formed many pleasant personal and editorial acquaintances. We have personally edited every issue of the Bulletin since the beginning of its publication. It has been a modest educational factor that has emphasized the importance of hygiene, sanitation and preventive medicine as sought to be carried out by the State and local board of health. It has endeavored to be dignified and impartial and in no way to bring discredit upon the fair name of the State or of the State Board of Health. It has also endeavored to lay before its readers the latest and best demonstrated means of preventing or restricting the spread of infectious diseases. We have received many commendations, even from unexpected sources, that were appreciated because of their sincerity and warmth. On the 31st day of January—our birthday—we lay aside our duties as Secretary of the State Board of Health and voluntarily retire from a position held continuously for twenty-two years. Our record is a part of the history of the State and we are not ashamed of it—tho we are conscious of failures, incident to mortal limitations. We have put forth our "besticks" for the State. We heartily commend our successor, Dr. Louis A. Thomas, and bespeak for him the same patient consideration extended toward us.

SEMI-ANNUAL MEETING—STATE BOARD OF HEALTH

The State Board of Health convened at its rooms capitol building, January 9th, and was called to order by Dr. Moerke, President pro tem.

There were present, Moerke, Linn, Eiker, Hanchett, Koto and Attorney-General Byers. Also Prof. Albert, Director of the Laboratory; Prof. Kinney, chemist and Dr. Thomas, Secretary-elect. Later Drs. Powers and Sams were present.

The minutes of the Secretary were read and approved. The quarterly report of the Secretary was also submitted, received and considered seriatim.

Gasoline Lamps

The following resolution was presented and adopted:

Resolved: That all gasoline lamps submitted to this Board for its approval shall first be duly tested by the committee of the Board as to their safety and efficient mechanical construction. That such tests shall be a laboratory test, thoroly done at reasonable cost to the manufacturers, and shall be reported upon by the committee of the Board for its approval only after such thoro test and examination.

Branding Kerosene

Rule 9 of the rules and regulations of the State Board of Health, relative to testing and branding kerosene for illuminating purposes, was amended by inserting after the word "petroleum" the words "unless otherwise directed by the Chief Oil Inspector." As amended the rule reads as follows:

"Rule 9. The inspector's brand must be placed on the package, cask, or barrel, in clear, distinct letters, and must be affixed by the inspector in person, or by some person under his personal supervision and control, who is not directly, nor indirectly, interested in the manufacture nor sale of any product of petroleum, unless otherwise directed by the Chief Oil Inspector. The brand of an inspector is deemed to be his official signature, and must not be permitted to pass out of his custody or control."

Financial

The financial statement by the Secretary for the quarter ending December 31, was presented and referred to the Auditing Committee who later reported that the report had been carefully examined and found correct. The report of the committee was adopted.

Water Contamination

A communication was received from the town of Preston, with a numerously signed petition attached, asking the State Board to prevent the use of seeps in their town from the fact that the character of the soil is such as to menace the public health from water contamination—inasmuch as the wells for domestic use are in this same open sandy soil. The Secretary was instructed to inform the petitioners that they should have the water examined at the laboratory at Iowa City to determine whether it really is contaminated, and if so found to determine whether it is a private or public nuisance. If the former the individual wronged should seek his rights in the courts; if the latter the local board of health should see that the nuisance is abated. In case the local board should neglect or refuse to protect the people complaint should be lodged with the grand jury.

Auxilliary Laboratory

After due consideration an auxilliary bacteriological laboratory was established at Des Moines. Prof. Ross, of Drake University, was elected bacteriologist—the laboratory being located in Science Hall, one of the University buildings. The Board passed the following general regulations to be observed by all auxilliary laboratories:

Resolved: First, That a fee of not less than twenty-five cents shall be charged for each examination of diphtheria, typhoid or tuberculosis.

Second, That for all specimens that may be received from outside the city where the laboratory is established, a fee of not less than fifty cents (\$.50) shall be charged for examination.

Third, That this Board shall in no way be responsible for any charges made, and that the fees collected shall be the compensation of the bacteriologist of the auxilliary laboratory.

Sexual Hygiene

A committee was appointed to prepare a circular upon sexual hygiene to be submitted to the Board for adoption at its next meeting to be held in April. The Board regards this as a very important subject and one the mothers, fathers, teachers and young people should be better informed upon.

Special Disinterment Permits.

The following special disinterment permits were granted by the Board:

Ella Carmeila Anibal, age 5 years, diphtheria, 1881, from Elmwood Cemetery, Waterloo, to Waterloo Cemetery.

Georgie Anibal, age 1 year, membranous croup, 1892, same as above.

Marie Lucille Hefner, age 3 years, scarlet fever, 1893, from Floyd Cemetery, Sioux City, to Oakwood Cemetery, Chicago.

Lottie Lewers, 3 years, diphtheria, 1885, from private cemetery in Lee Township, Franklin County, to Union Cemetery, Iowa Falls.

Ivan Nichols, age 8 years, diphtheria, 1905, from Floyd Cemetery, Sioux City, to Good Hope Cemetery, Battle Creek, Iowa.

William Sueppel, 2 years, scarlet fever, 1875, from one lot to another in St. Josephs Cemetery, Iowa City.

Harry J. Vroom, 2 years, membranous croup, 1890, from the Clarence Cemetery, Iowa, to Grove Hill Cemetery, Morrison, Illinois.

American Public Health Association

The annual meeting of this important health organization was held at Mexico City November 30 and December 1, 2, 3 and 4. Dr. Linn, who represented the Board in that meeting, presented to the Board an unusually interesting and instructive report which was awarded a very warm reception.

Personal—Robert Emmet Conniff, M. D.

The following was unanimously adopted by the Board:

At this session of the Board of Health, the term of service of our esteemed colleague, Dr. R. E. Conniff, expires by legal limitation. During a period of fourteen years he has rendered valuable service to our commonwealth as a health officer. These services were rendered during a period when laws were being enacted and rules formulated for the conservation of the public health. The object to be considered was always, in his view, the welfare of the people. His splendid intellectual equipment and mature judgment qualified him to lead in the enactment of rules and regulations far-reaching in their bearing upon the welfare of the state.

To him there has been no higher call than that of duty and he has served his state faithfully—oftimes at material loss and personal sacrifice.

His associations with his colleagues have invariably been pleasant. His sincerity and genial good nature have enabled him to pave the way over threatened difficulties. His courtesy has been uniform and unvarying. We, his colleagues, gladly bear testimony at this time—the conclusion of his term of service—to his ability as a health officer and his worth as a sanitarian. We can only add at this parting the merited encomium, than which there is no higher: “Well done good and faithful servant.”

Testimonial—Josiah Forrest Kennedy, A. M. M. D.

The following tribute was unanimously awarded the Secretary—followed by a very handsome “caning.”

Whereas: Dr. J. F. Kennedy has for twenty-two years served the State as Secretary of its State Board of Health and State Board of Medical Examiners, and,

Whereas: He is about to sever his official connection with said Board, and

Whereas: He has, during these years, served the Board and State most efficiently and faithfully, be it

Resolved: That we herewith make official and public recognition of the faithful manner in which he has always performed his duty; of the important part which he has always taken in formulating the public health and medical practice laws of the State; of the efficiency with which he has performed the executive duties of his office and of the high esteem in which we, individually, and we, as representatives of the people of the State, hold him as a man, as a sanitarian and as an executive official, and be it further

Resolved: That we express our hearty thanks to Dr. Kennedy for the uniform favors and courtesy which he has ever extended to us as individuals and the assistance which he has given us in our official work as guardians of the public health of the State; and that we extend to him our most sincere hope that he may live many years, not only in the pleasure of his family life and the friendship of a large circle of friends, but also in supreme satisfaction of many years of work faithfully done and efficiently performed—a work of untold value to the citizens of this commonwealth, in that he has done much to conserve the individual and public health and happiness. And be it further

Resolved: That a copy of these resolutions be sent to Dr. Kennedy, be spread in the records of our transactions and published in the Iowa Health Bulletin and the Iowa Medical Journal.

Legislative Action

The Committee on Legislation reported several bills which had been prepared. Their merits and desirability were discussed by the Board. The bills were officially endorsed and the committee was instructed to secure, if possible, their enactment into law.

On motion the Board adjourned sine die.

J. F. KENNEDY, Secretary.

STATE BOARD OF MEDICAL EXAMINERS

The regular semi-annual meeting of the State Board of Medical Examiners was held January 9th and 10th with President Sams in the chair.

There were present, Drs. Sams, Hanchett, Powers, Linn, Moerke and Eiker.

The minutes of the last meeting were read by the Secretary and approved by the Board.

Examinations

The Secretary reported that at the examination held December 11, 12 and 13 there were 19 candidates—5 physicians and 14 osteopaths. The ratings as returned showed that two physicians and 3 osteopaths had received a passing grade—a general average of 75 or over. The others fell below the required general average.

Th Secetary was directed to issue certificates to the successful candidates and to withhold certificates from and notify those who had failed.

Certificates Issued

Certificates were issued to the following on examination:

College Physicians and Surgeons, Chicago: Edwin Jerome Kauffman, Scotland, S. D.

Tuft's College, Medical School, Boston: Henry Glover Langworthy, Dubuque.

Still College of Osteopathy, Des Moines: William Earl Shike, Perry.

American School of Osteopathy, Kirksville, Mo.: James Henry Friend, Grinnell; Henry Lawrence Urban, Kirksville, Mo.

On Length of Practice: Nancy R. Ball-Baughman, Burlington, American School of Osteopathic Medicine and Surgery, Chicago.

This certificate was granted upon satisfactory evidence that she was in the practice of osteopathy in Iowa when the law was enacted.

Reciprocity Certificates: Certificates upon reciprocity were granted the following:

Illinois Board: Perry Dale Garun, West Liberty; Richard J. Gleysteen, Sheldon; Patrick Henry Hastings, McIntire; Guy Wayne Larimer, Chariton; Mathias Daniel Linehan, Dubuque; Henry Earl Pfeiffer, Chicago; John Henry Seibert, Bellevue.

Indiana Board: Albert Edward Archer, Ft. Dodge.

Kansas Board: Thomas Wayne King, Blockton; Arthur Edwin Merkel, Berwick.

Maryland Board: George Frederick Schug, Oelwein.

Michigan Board: Dell Warner Ward, Oelwein.

Minnesota Board: John Joseph Whyte, Waucoma.

Nebraska Board: Benj. Franklin McElwee, Pacific Junction.

Duplicate Certificates were issued to Drs. Josiah Forest Kennedy, Des Moines; Renfred Eastlake Doidge, Perry; Hial A. Wheeler, Sioux City, and Horace McCleary, Indianola.

Next examination to be held March 19, 20 and 21.

Board adjourned sine die.

J. F. KENNEDY, Secretary.

BACTERIOLOGICAL NOTES

Important to Every Physician in Iowa:—All bacteriological examinations in the interest of the public health are made free of charge at the State Board of Health Hygenic Laboratory at Iowa City.

Special outfits for the collection of material for the bacteriological diagnosis of diptheria, tuberculosis and typhoid fever are kept in every city and town in the State for the convenience of all physicians desiring to use them. If such are not available in your city, or if you have any other material requiring a bacteriological examination in the interest of the public health write to Dr. Henry Albert, Director of the State Board of Health Hygenic Laboratory, Iowa City, Iowa.

A bacteriologist is at all times available to make personal investiga-

tions in cases of epidemics of typhoid fever, diphtheria and other contagious diseases.

During the past quarter, including the months of October, November and December, 1906, 2,625 examinations were made in the bacteriological laboratory, of which 1,851 were made for diphtheria, 184 for typhoid fever, 465 for tuberculosis, and 125 miscellaneous.

Diphtheria: Of the 1,851 examinations for diphtheria, 917 were for diagnosis, of which 321 were positive, 550 negative and 46 questionable; 934 were made for release of quarantine, of which 222 were positive, 686 negative, and 24 questionable.

Typhoid Fever: Of the 184 examinations for typhoid fever, 40 were positive, 124 negative, and 20 questionable.

Tuberculosis: Of the 465 examinations of sputum for the presence of tubercle bacilli, 130 were positive, 335 negative.

Miscellaneous Examinations: The 125 miscellaneous specimens included the following: Water 30; milk, 4; excretions and secretions from body, 52; sewerage, 4; hydrophobia, 1; miscellaneous, 46.

We stated last month that we would refer more in detail to the fumigation of rooms following contagious diseases in our bacteriological notes for this month. A paper written by the author of these notes was recently published in the Journal of the American Medical Association, referred more in detail to the nature of the process of disinfection and gave a brief summary of the method of fumigation, which is as follows:

1. The person disinfecting should put on a cap and gown which are later left in the room to be disinfected with the other objects.
2. All holes and cracks should be sealed by pasting over them pieces of paper of filling them with cotton or cloth.
3. Precautions under certain circumstances:
 - (a) If the wall paper of the room is badly torn in several places it should all be removed.
 - (b) If a rug or carpet has remained in the room, throw it over the back of a chair.
 - (c) If the room has no door which it is desirable to open immediately after fumigation, a window may be left unlocked to be thrown open when fumigation is complete.
 - (d) No vessels containing water should be left in the room.
4. The patient's clothes and the bedding should be thrown over the ends of the bed, backs of chairs or over a wire or rope stretched across the room.
5. Valuable books should be opened and placed on end, so that the leaves are separated as much as possible.
6. Determine the temperature of the room and see that it is above

60° F, preferably above 70° F. If the temperature of the room is too low much of the formaldehyde gas is changed into the solid para-formaldehyde, which as such is almost entirely devoid of disinfecting properties.

7. See that the room contains the required moisture in a vaporized state. The efficiency of the amount of disinfectants varies almost directly with the amount of moisture present in the room. It should contain at least as much moisture as we ordinarily find out of doors, namely about 50 to 60% relative humidity. If the atmosphere is too dry more moisture may be obtained by boiling water in the room or by pouring boiling hot water from one vessel into another, allowing the vapor to pass into the atmosphere.

8. Potassium permanganate in powdered form is put in a vessel which is from 14 to 20 inches deep and which has either been slightly heated before hand or wrapped with a piece of asbestos paper. To this 38 to 40% solution of formaldehyde (formalin) should be added, using 8½ ounces of the potassium permanganate and 20 ounces of the formalin to every 1,000 cubic feet of room space to be disinfected, if penetration of blankets, mattresses, etc., is required; if only surface disinfection is desired, one-half these amounts is sufficient. If the formaldehyde is generated by any other method, 16 ounces instead of 20 ounces may be used. The vessel from which the generation takes place should be placed on pieces of paper so that the sputtering of the effervescing process will not injure the carpets or floor.

9. Let the gas act from six to twenty-four hours, then open the doors and windows. The placing or evaporation of ammonia in the room will neutralize the formaldehyde and hasten the disappearance of the odor of that substance.

It will be noticed that the volumes which are given are much greater than those recommended by the manufacturers of most disinfectants or as given by many authorities on the subject. No doubt the volumes given are somewhat greater than absolutely necessary in all instances. Nevertheless, I think that in using disinfectants we should use the same principles used by financiers in estimating profits or expenses. They calculate closely just what they will be and then allow a margin against themselves for unforeseen circumstances.

"DUST AS A FACTOR IN THE PRODUCTION OF DISEASE."

From the Journal of the Royal Sanitary Institute, November issue, we learn that at the Congress of the Institute held at Bristol, England, Dr. Philip Boobhyer presented a paper upon the above named subject, an abstract of which is published in the Journal.

The doctor calls attention to the action of dust in the production of diseases of the respiratory organs and after noting the sources of dust he presents the following summary in the way of minifying the dust nuisance and menace as far as possible:

1. Pave our streets as far as practicable with smooth and cleanable materials.

2. Check as far as practicable the deposit of fecal and other organic ganic detritus in streets, courts, alleys, and yards.

3. Forbid the sweeping of dust and other matters from houses, workshops and factories into the streets.

4. Stop all dry sweeping of streets, and secure the use of closed carts for all scavenging purposes.

5. Forbid the passage of motor cars at more than, say, ten miles an hour past any house or houses standing within fifty feet of a road or street in any district, and limit their speed to ten miles an hour in all urban districts.

Discourage, as far as practicable, the use of carpets in houses, and forbid the shaking of carpets and mats in the vicinity of dwellings and work places.

7. Encourage the burning of all organic refuse, including infected materials produced on domestic premises, in the kitchen fires.

8. Pursue a vigorous campaign against the smoke nuisance of towns.

9. Enforce the use of closed bins for the storage of domestic refuse, and see that all public scavenging is promptly, thoroughly and intelligently carried out.

10. Advocate the construction of houses, workshops, and factories of such materials and upon such principles as shall obviate, as far as practicable, the accumulation of dust beneath the floors, and in other situations where, under existing conditions, it is liable to harbor.

Finally, let it be our constant aim to minimize the generation of dust in all populous places, and, where its production is inevitable, to secure the adoption of all reasonable means of keeping it out of the general atmosphere.

This subject is a very large one, and all I have endeavored to do ns to draw attention to a few sources of injurious dust specially prominent in connection with the life of cities. I am no revolutionary enthusiast; I only wish to indicate certain directions in which we, as practical sanitarians, might advantageously exercise more care than has been our wont hitherto.

THE WORK OF THE BACTERIOLOGICAL LABORATORY.

We are indebted to Prof. Henry Albert, M. D., Director of the State Board of Health Laboratory at Iowa City for the following very interesting report of work done at the laboratory during the past year. If there ever has been a question as to the wisdom of establishing this department the reading of this report will certainly be a very conclusive affirmative answer:

During the first year of its existence the bacteriological laboratory of the State Board of Health examined 3,580 specimen; during the second year 5,199, and during the past quarter, 2,625 specimens, which, if kept up for the year (and there is no reason to believe that it will not

even increase), the total number for the third year of the laboratory would be more than 10,000 specimens. It will therefore be seen that the number examined has increased at the rate of about 100%.

If we were to estimate the value of the work done during the past quarter, basing the estimation upon commercial laboratory rates, we find that it amounts to \$9,523.00, which would amount to \$38,092.00 per year. If we add to this the \$450.00 which the laboratory pays annually for express, and the \$2,800.00 paid annually for laboratory outfits to the value of the work at commercial rates, we have a total of more than \$41,000.00 per year. The laboratory, however, is receiving only \$3,500.00 annually from the State. During the past year, however, the work has increased so rapidly and the Board has decided not to lessen the scope of work as outlined at present, that the appropriation which is supposed to carry the work of the laboratory until July 1st, 1907, will be exhausted about the 1st of April, 1907; even this would not have been possible were it not for the assistance given by the State University. An estimate has been made as to the lowest amount necessary to carry on the work of the laboratory continuing the present scope of work. In accordance with such estimate the Board has decided to ask the coming legislature to make an annual appropriation of \$6,000.00 for the laboratory.

The laboratory has proved of such great value to the physicians of the State as to make its work practically indispensable, and the sum estimated by the Board is the lowest with which the laboratory could do satisfactory work.

In connection with this subject we take great pleasure in placing before our readers the following very hearty and emphatic recognition and approval by Governor A. B. Cummins of the work done and the necessity for such enlargement of its facilities as may be required to make the laboratory the peer of any similar department of the public health service to be found anywhere in our country. The following is from the Governor's message—January 14th—to the 32nd General Assembly:

"I have taken some pains to become familiar with the work done in the bacteriological laboratory at Iowa City, and its needs for the future. It is my opinion that the General Assembly never made an appropriation of greater benefit to the people of the State than the one which established and which now maintains this laboratory. In the development of the medical science, such laboratories have become imperative for the proper treatment of disease, and the preservation of life. The demands upon the laboratory at Iowa City are far greater than it can meet, with its present equipment and appropriation. I recommend an increase in the appropriation for this work."

GOVERNOR CUMMINS AND THE STATE BOARD OF HEALTH

Governor Cummins, in his message to the present General Assembly, strongly urges the passage of a law regulating the embalming and transportation of dead human bodies. Elsewhere, under an article deferring to the hygienic laboratory and its work, we took pleasure in calling attention to what the Governor said in his message relative to the splendid work and needs of the Bacteriological Laboratory at Iowa City. We are, personally, very grateful to the Governor for his kind allusion to the Secretary of the Board, as will be seen in the following item from his message:

State Board of Health

"There is nothing in the present law that authorizes the State Board of Health to establish proper regulations respecting the transportation of dead human bodies. In view of the legislation and practice of other states, it has become very important that our Board of Health shall have additional power. I need not enlarge upon the subject, for the need of being in harmony with modern practices will be obvious to the most casual observer. Closely connected with regulations relating to such transportation, is the qualification of undertakers and embalmers to prepare bodies for shipment, and the Board of Health should be authorized to examine persons who expect to perform such work, to issue permits to those who are found to be competent, and to impose and collect such fees as may be necessary to cover the expenses of the examination and such other expenses as may be incidental to the added function of the Board.

"Having spoken of the Board of Health, I trust you will not look upon it as inappropriate if I mention in this public way the retirement of Dr. J. F. Kennedy, who has been its Secretary for twenty-two years. He has been a zealous, faithful and efficient public servant, and he carries with him, as he leaves the office which he has so ably filled, the respect and esteem of all who know him.

DISINFECT NEW HOME

State Health Commissioner Dixon, of Pennsylvania, is a man who talks a good deal, yet the advice he gives to the public is usually sound and should be heeded. His latest admonition is on the subject of moving, and coming at this time of the year is very timely. He advises that before occupying a house from which another family has moved away all the rooms should be thoroly fumigated and disinfected. The commissioner adds:

"This is the season of the year when on all sides we see people moving from one home to another. The householder decides to change his residence and rents a house from which another family is just moving. Of course, floors are scrubbed, cellars are cleared of the rubbish left by the tenant, back yards are cleaned up, and we take it for granted that the housekeeper of the incoming family works to make the new home at the very beginning clean and neat.

"The cleaning that I have mentioned, however, is not sufficient. Soap and water are splendid things, but unfortunately they will not kill germs of disease that may lurk in the new home and bring the hearse to the door soon after the moving van has driven away.

"How do you know that there has not been a consumptive living in the house into which you are moving? The afflicted one may have been in a mild stage of the disease, but nevertheless he may have left behind the germs that will result in bringing down one of your family with this disease, which every year carries off so many thousands of people in Pennsylvania.

"I am convinced that hundreds and hundreds of cases of tuberculosis and other infectious and contagious diseases could be avoided every day by the precaution of proper disinfection. We are all anxious to do everything possible for the health of our children, but too often we fail to take some simple precaution, and disease stalks in through the bars that we have left down."—*Embalmer's Monthly*, August, 1906.

MAXIMS FOR PROLONGING ACTIVE AND USEFUL LIFE

Note—A maxim is useful because of its readiness of application. The mind has to reduce its conclusions to postulates before it can apply them to practice.

1. The commercial value of a life lies solely in its productive period; the other periods are a burden upon this.

2. This period should be prepared for from infancy, protected in adult life, and extend as long as possible into old age.

3. Constitutional vigor is created mainly by proper food and proper hygiene in youth.

4. No person over forty years of age should subsist mainly on animal foods, which are very good in early life. The reason for this is contained in maxim 14. The elasticity of some of the most important tissues in the body can not be preserved by a person over forty years of age who continuously loads up the body with the waste products of nitrogenous foods in excess, even if he had the best food in youth. Fruits and cereal foods should be largely and generally used by all persons over forty years of age.

5. Nerves are exceedingly important. They grow best in the country. Let youth be passed as much as possible away from the crowded centers of population.

6. Education may be misdirected, and may be overdone. A good machine may be ruined by making it too elaborate. A good knife may be rendered useless by sharpening it all away.

7. Regular, moderate, physical exercise is essential, and is generally neglected.

8. Do not make a burden of amusements. They may, and often are, made worse than overwork or undue worry.

9. Do not set an impossible ideal of life. It results in disappointment, and that ages.

10. Cultivate a serene mental attitude, and develop a capacity for deliberate enjoyment of whatever is at hand. The greatest pleasure often comes from little things easily and often overlooked.

11. Avoid every excess. Do not overwork, overplay, overeat, overdrink, oversmoke, or allow yourself to become overinactive.

12. Do not assume obligations that you can not discharge. This is the secret not only of much physical, but of much moral and mental disaster.

13. Study your diet, and your hours of labor, sleep, and relaxation, and conform to your constitutional requirements.

14. Take particular precaution to preserve by daily actions the elasticity of all the tissues.

15. Maintain self-respect, avoid sordidness and gloom, and "grow old gracefully."

16. It is desirable to diversify your interests. Have one or two restful diversions, using a portion of your time away from your regular occupation and habitation.—Teachers' Sanitary Bulletin, Michigan State Board of Health.

PUBLIC HEALTH DISTRICTS

In order that the local boards of health may be informed as to the public health districts created by the Twenty-eighth General Assembly, we present herewith the names of the counties embraced in each district, together with the name of the member of the State Board of Health representing the district:

District No. 1.—Allamakee, Butler, Bremer, Black Hawk, Buchanan, Chickasaw, Clayton, Delaware, Fayette, Floyd, Grundy, Howard, Mitchell, Winneshiek. Represented by Dr. F. W. Powers, Waterloo.

District No. 2.—Benton, Cedar, Clinton, Dubuque, Iowa, Jones, Jackson, Johnson, Linn, Muscatine and Scott. Not represented.

District No. 3.—Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Louisa, Lee, Mahaska, Monroe, Wapello, Washington, Van Buren. Represented by Dr. A. C. Moerke, Burlington.

District No. 4.—Cerro Gordo, Calhoun, Emmet, Franklin, Hancock, Humboldt, Hamilton, Hardin, Kossuth, Palo Alto, Pocahontas, Webster, Winnebago, Worth, Wright. Represented by Dr. J. H. Sams, Clarion.

District No. 5.—Buena Vista, Cherokee, Clay, Dickinson, Ida, Lyon, Osceola, O'Brien, Plymouth, Sioux, Sac, Woodbury. Represented by Dr. R. E. Conniff, Sioux City.

District No. 6.—Audubon, Adair, Cass, Crawford, Carroll, Greene, Guthrie, Harrison, Monona, Pottawattamie and Shelby. Represented by Dr. A. P. Hanchett, Council Bluffs.

District No. 7.—Boone, Dallas, Jasper, Marshall, Madison, Marion, Polk, Story, Tama, Poweshiek and Warren. Represented by Dr. A. M. Linn, Des Moines.

District No. 8.—Adams, Clarke, Decatur, Fremont, Lucas, Mills, Montgomery, Page, Ringgold, Taylor, Union and Wayne. Represented by Dr. B. L. Eiker, Leon.

When vacancies occur in the State Board of Health, it shall be the duty of the governor to appoint to membership on the board physicians residing in the various health districts until seven such districts are represented on the board. After which time the annual appointment shall be made from the physicians residing in the district not represented on the board the preceding year.

Notice—Local boards of health are hereby notified that the Secretary of the State Board of Health cannot personally respond to calls for visits to infected localities. All such calls must be made directly upon the members of the State Board of Health, whose names and residences are given above, and should be made by the mayor or township clerk. No provision is made by the state for the payment of expenses for such visits. They must be borne by the county to which the call is made.

ANALYSES, BACTERIOLOGICAL TESTS AND PLUMBING

Local boards of health, corporations or individuals desiring analysis of water should write the Secretary for form 29B, which gives full directions, terms, etc.

Water or any other substance to be analyzed should be sent directly to the chemist of the State Board of Health, Prof. C. N. Kinney, Drake University, Des Moines.

Bacteriological specimens or inquiries relating to methods of disinfection, or the location of "culture" stations, should be sent to Prof. Henry Albert, M. D., Iowa City, Bacteriological Laboratory of the State Board of Health.

Communications relative to plumbing, water supplies, disposal of sewage, etc., should be addressed to Col Charles Francis, civil engineer of the Board, Davenport.

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LOUIS A. THOMAS, EDITOR

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DES MOINES, FEBRUARY, 1907

No. 8

STATE BOARD OF HEALTH

H. W. Byers, Attorney General.

Paul O. Koto, M. D. C., State Veterinarian, Forest City.

Charles Francis, C. E., Davenport.

R. E. Conniff, M. D., Sioux City. A. M. Linn, M. D., Des Moines.

F. W. Powers, M. D., Waterloo. A. P. Hanchett, M. D., Council Bluffs.

J. H. Sams, M. D., Clarion. A. C. Moerke, M. D., Burlington.

B. L. Eiker, M. D., Leon.

OFFICERS OF THE BOARD

President, Dr. F. W. Powers.

Secretary, Dr. Louis A. Thomas, Des Moines.

Director Bacteriological Laboratory, Dr. Henry Albert, Iowa City.

Bacteriologist, Mr. Selskar M. Gunn, S. B., Iowa City.

Chemist, Prof. C. N. Kinney, Des Moines

The regular meetings are held in July, October, January and April.

STANDING COMMITTEES

Auditing—Hanchett.

Communications—Conniff, Sams.

Contagious Diseases—Linn.

Corpses and Embalming—Moerke, Eiker.

Diseases of Animals and Veterinary Sanitation—Koto, Moerke.

Disinfection—Albert.

Food and Water—Francis, Eiker.

Gasoline Lamps—Francis, Koto, Kinney.

Legislation and Legal Enforcement—Mullap.

Library and Printing—Hanchett.

Oil Inspection—Linn, Koto.

Plumbing and Ventilation—Francis.

Publications and Rules—Sams, Eiker.

Schools—Hanchett, Conniff.

Sanitary Analysis—Kinney.

BOARD OF MEDICAL EXAMINERS

President—Dr. J. H. Sams, Clarion.

Secretary and Treasurer—Dr. Louis A. Thomas, Des Moines.

Members—The Physicians of the State Board of Health.

Correspondence relating to the practice of medicine and osteopathy should in all cases be addressed to the Secretary of the State Board of Medical Examiners, Capitol Building, Des Moines, Iowa.

IOWA ASSOCIATION OF HEALTH OFFICERS

President, Dr. C. T. LESAN, Mt. Ayr. *Vice-Pres.*, Dr. E. W. DOOLITTLE, Garden Grove.

Secretary-Treasurer, Dr. N. W. GETZ, Marshalltown.

THE IOWA ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBEERCULOSIS

President—HON. WM. LARRABEE, Clermont.

First Vice-President—DR. LOUIS A. THOMAS, Des Moines.

Second Vice-President—A. L. URICK, Des Moines.

Secretary-Treasurer—DR. E. LUTHER STEVENS, Des Moines.

NOTICES

BOARD OF HEALTH.

Water Analysis.

In a former issue of the Bulletin attention was called to the requirement of the State Board of Health that all cities and towns in Iowa having public water supplies for domestic purposes shall submit, at least once every year, a sample of the water thus supplied to the Chemist of the State Board of Health for a sanitary analysis. In compliance with this requirement the Secretary of the State Board of Health requests the Local Boards of Health of each city and town in the State, that have not already complied with this order, to write for the proper blanks and instructions, and upon receipt of these to fill in the information required, and forward the same, together with 3 gallons of water (express prepaid) to the State Chemist, Prof. C. N. Kinney, Drake University, Des Moines, Iowa.

This regulation is a very important one and should be cheerfully complied with by all municipalities; it is therefore hoped that the proper officials will attend to this matter without further delay. The rule also provides that a copy of the analysis shall be filed with the Secretary of the State Board of Health, where record is kept of the same.

New Member.

Governor Cummins has appointed Dr. George E. Decker, of Davenport, a member of the State Board of Health to succeed Dr. R. E. Conruff, of Sioux City, whose term of office expired January 31st, 1907.

State Board of Medical Examiners.

Judge Howe, in the District Court of Polk County, has sustained the action of the State Board of Medical Examiners in revoking the certificate of Dr. Anthony White of Clearfield.

In April, 1905, the Board revoked Dr. White's certificate upon the ground of immorality. Subsequently the doctor entered suit, claiming that the law under which this action was performed was unconstitutional.

The Board was ably represented by Mr. Lawrence De Graff, late Assistant Attorney General, and present County Attorney of Polk County.

No one has a legal right to practice Medicine or Osteopathy in Iowa except upon authority granted by a certificate issued by the State Board of Medical Examiners, and duly registered in the office of the County

Recorder. This opinion is not only expressed by the Attorney General, but by the Iowa Supreme Court as well.

Failure at an examination will entitle the applicant to practice without such certificate until he has an opportunity to take a second examination—provided he does not have such opportunity within three months after the first examination.

While the Board has no authority to limit the number of examinations the Attorney General says that in case of failure at the second examination, application in **due** form must be made for **each** subsequent examination, and that the examination fee—ten (\$10) dollars—must accompany each application for such examination.

Candidates who have previously filed applications for examination, and have failed to appear, at the first opportunity, for such examination, or re-examination, as the case may be, are hereby notified that, under the law, the application itself does not confer any right to practice Medicine or Osteopathy in Iowa, except as above stated, and all persons so practicing do so in direct violation of the law.

N. B.—The next examination of applicants for Physicians and Osteopaths' certificates will be held at the office of the Secretary, Capitol Building, March 19th, 20th and 21st, 1907, commencing at 9 a. m. Those wishing to present themselves for examination should apply to the Secretary, Dr. Louis A. Thomas, for statement of requirements and application blanks, not later than March 5th. The diploma should be forwarded by prepaid express, in ample time for proper verification.

Vital Statistics.

None but a duly registered physician can legally sign a certificate of death.

In case there has been no attending physician, or in the physician's absence, the Health Officer of the city, town or township, as the case may be, is authorized to sign and issue a certificate of death; provided the facts are properly laid before him, and the cause of death is not of such a nature as to require investigation by the Coroner.

Where the cause of death is obscure, or the direct or indirect result of unlawful means, the matter should be referred to the Coroner, he being the only person authorized by law to sign or issue a death certificate under such circumstances.

It is unlawful for any person to bury or otherwise dispose of the body of a deceased human being until a satisfactory certificate of death has been executed and issued as above described.

All certificates of death (original) should be forwarded to the State Registrar, Des Moines, on or before the 5th of the month following.

STATE BACTERIOLOGICAL LABORATORY.

Important to Every Physician in Iowa.

All bacteriological examinations in the interest of the public health are made free of charge at the State Board of Health Hygienic Laboratory at Iowa City.

Special outfits for the collection of material for the bacteriological diagnosis of diphtheria, tuberculosis and typhoid fever are kept in every city and town in the State for the convenience of all physicians desiring to use them. If such are not available in your city, or if you have any other material requiring a bacteriological examination in the interest of the public health, write to Dr. Henry Albert, Director of the State Board of Health Hygienic Laboratory, at Iowa City, Iowa.

A bacteriologist is at all times available to make personal investigations in cases of epidemics of typhoid fever, diphtheria and other contagious diseases.

During the month of January 789 examinations were made in the laboratory, of which 449 were for diphtheria, 62 for typhoid fever, 221 for tuberculosis and 57 miscellaneous. There has been a slight falling off in the number of specimens for routine examinations, but a marked increase in the number of miscellaneous.

Apropos the Eradication of Epidemics of Diphtheria:—It is difficult to say when a community may be attacked by an epidemic of diphtheria or any of those infectious diseases that are readily transmitted by close association and through the atmosphere. A close control over the water supply forms a good safeguard against epidemics of typhoid fever, and although good sanitary conditions and vigilance on the part of health authorities will do much to prevent the beginning and spread of epidemics of diphtheria, scarlet fever, and other acute contagious diseases, yet their spread deals with so many factors that a disease frequently gains a rather firm foot-hold before it is brought under proper control. This condition is seen time and again in many of the smaller cities and towns and is brought to our attention at the present time by conditions existing in Chicago. At that place, in spite of their most efficient commissioner of health and their excellent laboratory service and rigid inspection rules, diphtheria and scarlet fever has gained an enormous headway and continued to spread for several weeks. Fortunately for such cities as Chicago, the conditions are such that the facilities to combat a given disease are readily available, conditions which do not always exist in the smaller cities and towns.

The three great factors which can ordinarily be relied upon in the extermination of infectious diseases are isolation, immunization, and dis-

infection. In the successful carrying out of these conditions, however, the bacteriological laboratory has come to play an important part, especially as regards diphtheria, and the following letter received from the Health Officer of Mason City, where they have recently had an epidemic of diphtheria, is very appropriate at this time, as it indicates a most advanced mode of procedure, which, under the efficient direction of the able Health Officer of Mason City, has been most effectively carried out.

Dr, Henry Albert,
Iowa City, Iowa.

Dear Doctor:—

It is with great pleasure that I am able to report our city entirely free from diphtheria. It was at one time quite widespread—with new cases appearing in new localities almost daily, but we were able to suppress it much easier than any previous epidemic.

Our mode of procedure has been as follows: As soon as a case is reported the house is quarantined—and a careful examination made of the neighborhood for persons who have been exposed, especially children. Cultures are made from all throats presenting any signs of congestion or inflammation. All children exposed are kept at home from school unless they will take immunizing doses of antitoxin. In case a child who develops diphtheria has been sick in school, the pupils of that room are excluded from school for two weeks unless antitoxin is taken, their throats having been carefully examined and culture taken beforehand. We have found that it is absolutely impossible to tell whether a given person is carrying virulent diphtheria germs in the throat without bacteriological examination. It is very important that the results of such examination should be known as soon as possible and we have found the auxiliary laboratory invaluable to us in that way. It is very difficult to enforce quarantine upon people in apparent health for more than twenty-four hours while waiting for the results of an examination.

Release from quarantine is made only after two successive negative cultures have been obtained—and this has proven to be a very wise provision—for except by this test it is absolutely impossible to tell when the germs have disappeared.

During our epidemic we submitted to the laboratory several hundred cultures and I am convinced that without their co-operation we should still be confronted by the disease; and that the possibility of receiving reports from our auxiliary laboratory within six to twelve hours has saved us much trouble and expense.

Yours truly,

CHANNING E. DAKIN,

Health Officer, Mason City, Iowa.

January Ninth, Nineteen Hundred and Seven.

We are of the firm opinion that if the laboratory had sufficient means it could serve a most useful purpose in establishing temporary auxiliary

laboratories in places where epidemics exist, with a bacteriologist from the laboratory in charge. The appropriation which is being asked for from the coming legislature does not contemplate such in the scope of our laboratory work, and would be insufficient if the laboratory is to be put to its best use in the extermination of epidemics.

LEGISLATION.

Judging from the individual activity and general interest manifested by the members of the Committee on Public Health of both Senate and House, it is probable that some important legislation along sanitary lines will be enacted at this session. Among the various matters now under consideration are the following:

House File No. 7, by Sidey	}	"To Regulate the Transportation of Dead Bodies, and Provide for Examination and License of Embalmers."
Senate File No. 17, by Young		
House File No. 26, by Clark	}	"To Provide for Registration of Nurses."
Senate File No. 78, by Young		
Senate File No. 25, by Frudden	}	"Providing for an Annual Appropriation of \$6,000 for Maintenance of the State Bacteriological Laboratory."
House File No. 116, by Jewell		
Senate File No. 41, by McKlveen	}	"Providing for District Sanitary Conventions."
House File No. 66, by Marston		
Senate File No. 55, by Dowell	}	"To Regulate, Inspect and License Maternity Homes."
House File No. 84, by Kelley		

Each of these matters has an important bearing upon the future welfare of every citizen and resident of Iowa. The increase in population, the rapid development and modern improvements in social, domestic and mechanical devices have all helped to create new and pronounced elements of danger to the public health; and if Iowa expects to maintain her standing among the foremost states of the Union, she must prepare now to meet the changing conditions, and by careful attention to the hygienic and sanitary needs of her people, keep at least abreast with interstate requirements.

The urgent need of intelligent legislation along the lines indicated by the proposed bills is apparent, and we believe the legislators appreciate their responsibilities.



ITEMS OF GENERAL INFORMATION

Check Indiscriminate Distribution of Samples.

The city of Fort Wayne has adopted an important ordinance forbidding the distribution of samples of "patent medicines," pills, pellets or ointments without a license from the city controller. The ordinance was drafted at the request of many citizens whose children are daily endangered by the indiscriminate distribution of "patent medicines" on doorsteps. Children frequently find and eat these preparations and many narrow escapes from death have been reported. The ordinance provides that before any license shall be issued the drugs or samples shall be approved by the Secretary of the Board of Health, and that the distributor shall put up a bond of \$2,500 to guarantee the people against damages. A fine of \$25 or imprisonment for thirty days, or both, are imposed for violation of the ordinance.

Every city and incorporated town in Iowa should adopt a similar ordinance, then require the mayor and chief of police to see that it be strictly enforced. The promiscuous distribution of samples is a nuisance to every housekeeper, and a source of real danger to the health and lives of children. If sampling is a necessary adjunct to business enterprise, the distribution should be made at the store where the articles are sold, and the samples placed only in the hands of those old enough to understand their uses.

An ordinance to regulate the sample industry should be broad enough to cover other articles as well as drugs—yeast, soap, spices, tobacco, etc., should be included.

The Secretary of the State Board will be glad to receive reports from cities and towns now having, or hereafter adopting such an ordinance as above indicated, and will note the same in the "Bulletin."

The True Meaning of a Guarantee Under the Federal Pure Food Act.

The pure food act properly places the responsibility for infractions of the law on the manufacturer and not on the retail dealer. Section 9 specifies that "no dealer shall be prosecuted under the provisions of this act when he can establish a guaranty signed by the wholesaler, jobber, manufacturer or other party residing in the United States from whom he purchases such articles, to the effect that the same is not adulterated or misbranded within the meaning of this act designating it." To facilitate the guaranteeing of products by the manufacturer the commission which was appointed to formulate the rules and regulations for the enforcement of the act directs that "a general guaranty may be filed with the Secretary of Agriculture by the manufacturer or dealer and be given a serial number, which shall appear on each and every package of goods sold under such guaranty, with the words: 'Guaranteed under the Food

and Drugs Act, June 30, 1906.'” With such a guarantee the dealer is relieved of responsibility; it is assumed by the one who gives the guarantee. Manufacturers of pharmaceutical products have hastened to file such guaranty with the Secretary of Agriculture so as to protect those who deal in their products. It is but natural that some manufacturers should seize on this as a means of impressing on us that their products are in strict compliance with the act itself. This, of course, is entirely erroneous. The guaranty filed is only an agreement by the manufacturer to be responsible for any infraction of the law, but it in no way guarantees that the provisions of the law are complied with. It is not alone on the public, but on the medical profession, that this deception is practiced. A certain French firm, for instance, is publishing in full-page advertisements, its guaranty filed with the Secretary of Agriculture. It is evidently intended to mislead physicians into believing that the Government has examined and passed on the product, approved the labels, etc. It means nothing of the kind. The Government officials may never have seen either the articles guaranteed or the labels they now or may in the future use. Physicians, above all others, should be conversant with the workings of this act, for they will be consulted more than any others. At the present juncture it is important that they should know that the fact that a guaranty has been issued does not in any way mean that the material conforms to the law, the object of the guaranty being, as is well set forth in the paragraph quoted, to protect the retail dealers from damages if prosecutions should result, and to throw the responsibility on the manufacturers.—Jr. A. M. A.

Tea and the Typhoid Bacillus.

The New York Medical Record published an account of an interesting observation on the effect of an infusion of tea on the growth of *Bacillus Typhosus* has been recorded by an English army surgeon, Major J. G. McNaught, in the *Jour. of the Army Medical Corps* for October, 1906. He finds that the germ in pure culture becomes greatly diminished in numbers by an exposure of four hours in the beverage. After twenty hours it was impossible to recover it at all from cold tea. The results obtained are of interest from the author's standpoint with reference to the use of cold tea as a substitute for water in soldier's canteens during active service. For even when water is sufficiently sterilized, it is likely to become infected after sterilization, and bottles which have once been filled with contaminated water are capable of transmitting the infection for a long time. Tea, it would seem, however, will render any chance contamination with the typhoid bacillus harmless within a few hours. A more general knowledge of this fact would soon serve to stimulate tea drinking without a doubt, as people are very apt to seize upon a measure of this kind in order to secure mental, if not material comfort. If pre-

pared in a proper manner, tea constitutes a refreshing and not harmful beverage, for it is the tannin and other extractives which are extracted only after continued steeping that are productive of harmful consequences. If employed in the manner indicated, in localities where typhoid fever is known to be present, it may serve as one of the essential precautionary measures to guard against infection by this disease.

EDUCATIONAL.

At the risk of temporarily offending the scrupulous tastes of some of our more sensitive readers, we publish in this issue by permission of the author, Dr. Albert H. Burr, of Chicago, Ill., an article on "The Guarantee of Safety in the Marriage Contract," believing that as the subjects involved are of vital importance to the continuity, happiness and health of every family in the state and country, we should in the enlightenment of the 20th century, lay aside false modesty and be courageous enough to analyze all the factors bearing upon the health and life of the present generation.

The so-called "Social Evil" is ever with us. It was known and recognized in the dark ages, and doubtless will continue to be manifest for generations to come. We do not subscribe to the abolitionists theory and demand regarding prevention of venereal diseases through prohibitive legislation against prostitution. Theoretically they seem to be correct, but when their plans are viewed from the standpoint of practicability, they are impossible of accomplishment, and to adopt these ideas would mean that we staked our faith on false security. Medical men **very generally** appreciate the impossibility of entire eradication of venereal diseases, and also that any form of prohibitive legislation thus far advocated by these well meaning enthusiasts, would be altogether impracticable and barren of any beneficial results. When reasoning from a dispassionate review of the various and conflicting elements inextricably inter-woven and surrounding the whole subject, it would seem that compulsory education, inaugurated at the age of puberty, and supplemented by parental discipline and instruction in the home, offers the most practical solution to this problem; but to obtain even partially satisfactory **results from this source, we must face the question squarely** and devise a rational mode of instruction, then train the instructors and parents how, when, and where to apply it in an intelligent manner; otherwise the results will be infinitesimal and perhaps even detrimental. By proper systematic education we may hope with a fair degree of confidence, to curtail to a considerable extent the present stupendous ravages incident to these diseases.

To those who are aghast at the gloveless handling of this question, we have no apologies to offer, but suggest that they read and mentally

digest the contents of this and subsequent articles, before rising in their innocent ignorance to protest.

To those who realize the enormous annual sacrifice of health and life incident to venereal infections, we say, come forth, and in the strength of your manhood aid to your utmost in preventing and limiting so far as possible this scourge of innocent women and children.

The Bulletin is published for the sole purpose of conserving and improving the public health, and it is only by pointing out to the laity the dangers that line their path and threaten the family hearth, that we can hope to fulfill our mission.—[Editor.]

The Guarantee of Safety in the Marriage Contract.

Albert H. Burr, M. D., Chicago.

The most important function of the human body, biologically, is reproduction. Behind this function the Creator placed a dominating, imperative, sexual impulse to insure its activity. This is the animate magnet which attracts and mates the opposite sexes. Through this magnetic force marriage came to be and must forever remain the most sacred and important institution in human society.

The supreme importance of woman in these relations is apparent when we consider her office in prenatal existence; her roll as the nourishing mother; her place as the very foundation stone of every hearth and home, and her life as the vital center about which cluster families and tribes and nations. Around the sexual life of woman are grouped the most potential factors in the perpetuity, development, and highest good of the race, physically, morally and mentally. Around the sexual life of a woman also are grouped some of the most adverse and perplexing questions of all time, involving the double standard of morals, divorce, prostitution, and the plague of venereal diseases; questions which seem almost as difficult of practical solution as the problem of perpetual motion.

The welfare of society depends far more on the physical, moral and intellectual excellence of woman than on that of "mere man." In a certain spirit of chivalry, not always free from a selfish bid for her favors, man pays tribute to her great and supreme worth. By the right of might, not always free from injustice and tyranny, he has constituted himself her physical guardian. Her safety then in the marriage contract, which binds them both in a common destiny, should be his most sacred care.

Slowly but surely, coming down through the ages, the leaven of the gospel of the lowly Nazarene is working out a more just solution of the equities of woman in her social, political and property rights. Even for her most unfortunate sister, Magdalene, at whom society casts stones to this day, the Savior had no words of condemnation, but viewing her in

compassion, so deftly did he shift the sin on the shoulders of her accusers, that while he stooped to write in the sand they stole away like conscience-smitten cowards.

The progress of man from barbarism to the highest and best types of civilization has no better gauge by which to measure its development than the degree of debasement or exaltation of woman among the different races and nations of men. The uplift of humanity through a better recognition of the inherent rights of woman and her protection in the enjoyment of these rights has been greatly accelerated in our own country during the last half century.

It is a far-away cry from the concubinage of woman under patriarchal rule, when her husband was proprietor of her body and soul, if indeed she was credited with a soul, up to the higher ideals of her relations to her consort and to the state.

Animated with a sense of justice in some of these higher ideals we plead for certain sanitary measures, without which it is impossible to guarantee the safety of woman in the marriage contract. In this alliance there are risks from various physical and mental ailments which are shared alike by both parties to the contract, but there are diseases which peculiarly menace the bride at the marriage altar which may and do often transform it into a sacrificial altar, on which health and life itself are immolated. The great prevalence and gravity of venereal diseases, and their communicability during indefinite periods of chronicity and latency, among males of marriageable age, have been set forth with increasing emphasis from the epoch making publications of Noegerath and Neisser down to those of Sanger and Morrow. It is evident that marriage under these circumstances becomes a frequent means of spreading these infections with dire results to innocent wives and their offspring. Only the briefest allusions to the statements of authoritative observers on the baneful effects of these diseases in the home can be made in this paper. Pathologists tell us of their power to maim, blight and destroy human life. Gynecologists estimate that from 60 to 75 per cent of their operations, chiefly on married women, are made necessary through gonorrhea. Joseph Tabor Johnson says: "The effects of gonorrhea on the female generative organs have been so destructive that no successful contradiction is feared when the belief is expressed that no disease in modern times has caused so much indirect mortality, mutilation and suffering, both mental and physical, as gonorrhea." Matthew D. Mann says: "Practically every case of pus tube is of gonorrheal origin." Joseph Price says that 95 per cent of his abdominal sections for pelvic inflammation were from gonorrheal infection. Prince A. Morrow says that 70 per cent of all the women who present themselves for treatment at the New York hospital, under his observation, "were respectable married women who had been infected by their husbands." Thus we are flooded

with proof that however unfortunate the effects may be on the male offender, the pathological relations of gonorrhea to the pelvic organs of helpless wives is a stupendous calamity. If this one disease could be eliminated from wedded life, gynecology as a specialty would shrink to small proportions.

There is another dark chapter in the role that venereal diseases play in the marriage relation, by which its supreme object is defeated. These vipers of venery, lurking as they often do, under the floral tributes of the honeymoon, may so inhibit conception or blight its products, that motherhood becomes either an utter impossibility or a veritable curse.

Vedeler investigated 310 sterile marriages and found that 75 per cent of them were directly or indirectly due to gonorrhea in the husband. The *ein kind sterilitat*, so-called by the Germans, in which the reproductive powers of the female are extinguished with the first pregnancy, through the extension of the infection previously confined to the cervix uteri, is of common occurrence, while gonorrheal endometritis is perhaps a more frequent cause of abortion than syphilis itself. The ban placed by venereal diseases on fetal life outrivals the criminal interference with the products of conception as a cause of race suicide. To this chapter we must append the postnatal effects of blindness, deformity and degeneracy that fill our charitable institutions with their unfortunate victims. Is the picture overdrawn? The "half has never been told."

For martial dangers of this sort, the lords of creation consider themselves reasonably safe through the expected virginity and chastity of their intended wives. Through voluntary extra-martial exposures only do they have apprehensions of venereal contagion. On the other hand, "my lady," the innocent, unsuspecting bride, without defense or recourse, too often reaps the "wild oats sown by her husband," which may invalid her for life, deny to her the joys of motherhood, carry her to the operating room or tragically terminate her existence. Let us suppose the tables could be turned for a time, and the husband had to bear the heavier penalties of these diseases to which his wife might lay him liable through the marriage contract, what then? We believe it would not be long till he found a way to guarantee his own safety. It is possible that this guarantee of safety may not be generally assured to woman until she becomes a real American citizen, and through the ballot also becomes a law maker. I venture to say that, if any of the animal industries of our country should suffer from such a scourge as the venereal diseases placed on the human family every resource would be taxed to eradicate it speedily and completely.

What barriers are raised to stay this tide of disease and degradation? Practically none. We hide our heads in shame and prudery before the naked truth of it. In silence our tongues cleave to the roofs of our mouths lest we violate the proprieties by the mention of these things,

while the suffering and mutilation and slaughter of the innocents goes ruthlessly on. It is a disgraceful anomaly in state medicine in the United States of America that the most persistent of all contagious, the most prevalent of all excepting measles, the most costly and dangerous of all in the aggregate, barring none, should have no official existence. It is a fact that no national, state or civic boards of health or sanitary commissions are taking any account of venereal contagions. No appropriations of money or measures are made for their suppression. We can learn much of the Scandinavian nations who handles these matters more effectually. Over thirty years ago they placed gonorrhea and syphilis among the reportable contagions and required physicians to make weekly returns concerning them; with the result that during this period these social pestilences have been reduced by 34 per cent.

The day must come when the suppression of the gonococcus shall rank in sanitary importance with the destruction of the mosquito; when the culture beds of the "red light districts" shall be looked after as carefully as the drainage of stagnant and polluted waters.

We may now more intelligently consider measures which go a long way toward guaranteeing safety in the marriage contract.

The problems of the social evil which is the great hotbed of these vile diseases we must pass over, with the expression of our conviction that the dismal failure of reglementation everywhere, in limiting venereal diseases, lies in the simple fact that the chief offender, the male purveyor of venereal diseases, is completely ignored in the reckoning and is allowed perfect freedom to scatter his private pestilence wherever he chooses. Neither can we discuss here the educational measures for the prevention of venereal diseases, except to express the belief that our public school instruction should include the physiology and hygiene of the sexual organs as of equal or of greater importance than those of the digestive organs. The instruction of our youths should begin at puberty, when the sexual life is in bloom and its susceptibility to the dangers of venereal parasites has begun. These and all other truly prophylactic or curative measures to diminish the evil are indirectly important in guaranteeing safety to the family, but there is a more vital and strategic point of defense, one portal where the infected male can be halted. To ensure a sanitary marriage it is imperative to establish a quarantine station before the marriage license window over whose gate should hang this legend: **No Health Certificate, No License!**

Every woman who would enter matrimony has the inherent right to do so without the hazard of bodily contamination from already existing contagion in her intended husband. Manifestly, the state is the only power capable of protecting her in this right. It declares marriage to be a civil institution, it places certain restrictions as to who may enter this relation, by whom the ceremony may be performed and on what grounds

the bonds may be dissolved. It has the might and the right also to add to these restrictions. We believe no higher obligation rests on the state than to extend its power to protect the vital interests of wives and mothers and offspring by safeguarding the entrance to matrimony from infectious diseases. A few states, North Dakota, Michigan and Indiana, have enacted laws for this purpose; similar bills have failed to pass before many other state assemblies. The first and one of the best enacted is the Creel bill of North Dakota (1899), which required all applicants for the marriage license first to present a certificate from a medical examining board of three physicians, appointed by the county judge, showing freedom from venereal disease, habitual drunkenness, insanity and tuberculosis. A vital defect of the Indiana bill (1905), is its lack of any provision for medical examination. It requires the State Board of Health to furnish a form of application for license to marry (Sec. 2) and denies the license "where either of the contracting parties is afflicted with a transmissible disease" (Sec. 3). "No license to marry shall be issued except on written and verified application" (Sec. 1). So far as the bill goes this verification may be the sworn statement of the applicant, who is incompetent to determine whether he has a "transmissible disease" or not. Clearly this inspection should be thorough and impartial and made by medical officials of the state under efficient modern clinical and laboratory tests when necessary. Only in this way can there be any adequate guarantee of safety in the marriage contract. Our medical education to-day is fully equal to such demands and could have no more worthy or humane employment.

In this great symposium on the "Duty of the Profession to Woman-kind," her safety in wedlock should make a strong and sympathetic appeal to the physician, who in all ages has been woman's high priest, to whom she has always turned for ministrations in her helpless hours of distress and pain. He alone has an adequate knowledge of the specific cause, the channels of transmission, the manifold pathology and the deplorable sequelae of venereal diseases. By these tokens, such a knowledge carries with it a responsibility he may not honorably evade. It reaches further than his private office. It carries him out aggressively onto the higher plane of preventive medicine, of which martial sanitation should certainly constitute its most important field.

Let similar methods of popular education concerning these diseases and their prevention be followed up, which are proving so successful in the campaign waged against tuberculosis. The public must be taken into our confidence in this matter, to secure its co-operation, without which our knowledge is the talent hidden away in a napkin. We must meet it, face to face, in the open.- The American Society of Sanitary and Moral Prophylaxis, under the lead of Prince A. Morrow, has instituted just such a move, to interest the laity in the discussion of every phase of ve-

neral diseases and their prevention. There is an immoral side to these diseases which complicates their discussion beyond that of all other contagions. The fact that they are contracted and imparted chiefly through a voluntary act invests them with a criminality in proportion to a knowledge of the possibilities of such an act. Every man, therefore, who infects his wife, or taints the blood of his children is more or less a criminal. If we as physicians fail to impart to the public our knowledge of these dangers and means of prevention we become particeps criminis. When the public is better informed, intelligent legislation will follow, and wifehood, maternity and progeny will be freed of much of the peril of contagions contracted by the volitional acts of man.

The duty of the physician seems plain in this matter. He should work, in season and out of season, in private office and in public function, in medical societies and in law-making bodies, until aroused and intelligent public sentiment enacts measures to restrict and to suppress the contagious perils of venery. Only when we have accomplished this can we count on a reasonable guarantee of safety for women in the marriage contract.

Typhoid Fever and Impure Ice.

The following article is of interest, especially at this season of the year. Health Officers will do well to read it and then go out and inspect the character of the waters used for making ice in their respective localities.

Since the usual source of infection in typhoid fever has been discovered, it has been natural that from time to time considerable attention should be paid to the possibility of the transmission of the disease through ice formed from contaminated water. It will no doubt be remembered by some readers that an investigation of the Boston ice supply, conducted under the auspices of the Board of Health, was published in the Boston Medical and Surgical Journal in 1901, with the general conclusion that ice more than three weeks old is practically as safe as a well-filtered water supply. Inasmuch as infection, if it occurs from ice, would naturally follow the cutting, it was held that after March the ice could not be held responsible for an outbreak of the disease, even were it known originally to have been infected. As a matter of fact, on analysis very few cases of the disease have been shown to be due to ice. This renders a careful piece of work on the subject by Dr. R. H. Hutchings and Dr. A. W. Wheeler, of the St. Lawrence State Hospital at Ogdensburg, N. Y., published in the current issue of the American Journal of the Medical Sciences, worthy of comment.

The tracing of an epidemic of typhoid at the St. Lawrence Hospital by these investigators certainly seems to indicate that under favoring conditions ice may be the source of the disease. Formerly the hospital

PUBLIC HEALTH DISTRICTS.

In order that the local boards of health may be informed as to the public health districts created by the Twenty-eighth General Assembly, we present herewith the names of the counties embraced in each district, together with the name of the member of the State Board of Health representing the district:

District No. 1.—Allamakee, Butler, Bremer, Black Hawk, Buchanan, Chickasaw, Clayton, Delaware, Fayette, Floyd, Grundy, Howard, Mitchell, Winneshiek. Represented by Dr. F. W. Powers, Waterloo.

District No. 2.—Benton, Cedar, Clinton, Dubuque, Iowa, Jones, Jackson, Johnson, Linn, Muscatine and Scott. Represented by Dr. Geo. E. Decker, Davenport.

District No. 3.—Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Louisa, Lee, Mahaska, Monroe, Wapello, Washington, Van Buren. Represented by Dr. A. C. Moerke, Burlington.

District No. 4.—Cerro Gordo, Calhoun, Emmet, Franklin, Hancock, Humboldt, Hamilton, Hardin, Kossuth, Palo Alto, Pocahontas, Webster, Winnebago, Worth, Wright. Represented by Dr. J. H. Sams, Clarion.

District No. 5.—Buena Vista, Cherokee, Clay, Dickinson, Ida, Lyon, Osceola, O'Brien, Plymouth, Sioux, Sac, Woodbury. Not represented.

District No. 6.—Audubon, Adair, Cass, Crawford, Carroll, Greene, Guthrie, Harrison, Monona, Pottawattamie and Shelby. Represented by Dr. A. P. Hanchett, Council Bluffs.

District No. 7.—Boone, Dallas, Jasper, Marshall, Madison, Marion, Polk, Story, Tama, Poweshiek and Warren. Represented by Dr. A. M. Linn, Des Moines.

District No. 8.—Adams, Clarke, Decatur, Fremont, Lucas, Mills, Montgomery, Page, Ringgold, Taylor, Union and Wayne. Represented by Dr. B. L. Eiker, Leon.

When vacancies occur in the State Board of Health, it shall be the duty of the governor to appoint to membership on the board physicians residing in the various health districts until seven such districts are represented on the board. After which time the annual appointment shall be made from the physicians residing in the district not represented on the board the preceding year.

Notice.—Local boards of health are hereby notified that the Secretary of the State Board of Health cannot personally respond to calls for visits to infected localities. All such calls must be made directly upon the members of the State Board of Health, whose names and residences are given above, and should be made by the mayor or township clerk. No provision is made by the state for the payment of expenses for such visits. They must be borne by the county to which the call is made.

ANALYSES, BACTERIOLOGICAL TESTS AND PLUMBING

Local boards of health, corporations or individuals desiring analysis of water should write the Secretary for form 29B, which gives full directions, terms, etc.

Water or any other substance to be analyzed should be sent directly to the chemist of the State Board of Health, Prof. C. N. Kinney, Drake University, Des Moines.

Bacteriological specimens or inquiries relating to methods of disinfection, or the location of "culture" stations, should be sent to Prof. Henry Albert, M. D., Iowa City, Bacteriological Laboratory of the State Board of Health.

Communications relative to plumbing, water supplies, disposal of sewage, etc., should be addressed to Col. Charles Francis, civil engineer of the Board, Davenport.

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Schools—Hanchett.

Sanitary Analysis—Kinney.

BOARD OF MEDICAL EXAMINERS

President—Dr. J. H. Sams, Clarion.

Secretary and Treasurer—Dr. Louis A. Thomas, Des Moines.

Members—The Physicians of the State Board of Health.

Correspondence relating to the practice of medicine and osteopathy should in all cases be addressed to the Secretary of the State Board of Medical Examiners, Capitol Building, Des Moines, Iowa. The Board will meet April 10th and 11th.

IOWA ASSOCIATION OF HEALTH OFFICERS

President, Dr. C. T. LESAN, Mt. Ayr. Vice-Pres., Dr. E. W. DOOLITTLE, Garden Grove.

Secretary-Treasurer, Dr. N. W. GETZ, Marshalltown.

THE IOWA ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS

President—HON. WM. LARRABEE, Clermont.

First Vice-President—DR. LOUIS A. THOMAS, Des Moines.

Second Vice-President—A. L. URICK, Des Moines.

Secretary-Treasurer—DR. E. LUTHER STEVENS, Des Moines.

STATE BOARD OF HEALTH.

Notice to Embalmers and Nurses.

The new laws providing for examination and registration of embalmers and nurses were published in full in the April issue of the "Bulletin," extra copies of which may be obtained upon application. Preparations are now being made to carry out the provisions of these laws, but as neither will become operative until after July 4th, there is ample time and opportunity for persons interested to familiarize themselves with the requirements.

Rules and regulations pertaining to these departments will be adopted by the State Board of Health at its July meeting, full information concerning which will be published in the following issue of the "Bulletin." We therefore request that those interested refrain from flooding this office with letters of inquiry, as our clerical force is limited, and the work of the office exceedingly heavy without the addition of needless correspondence.

N. B.—Fees for renewals under the new law should not be sent in until after July the 1st. **We cannot receive them.**

EMBALMER'S DEPARTMENT.

On and after April 11, 1907, all disinterments authorized by this Board must be made under the direct supervision of a duly licensed embalmer, and no permit for disinterment will be issued to any person unless he be the legal holder of an Embalmer's license, in good standing and regularly issued under authority of this Board.

KEEP THE BULLETIN ON FILE.

As every issue of the "Bulletin" will contain important items of information to local boards of health pertaining to their duties and responsibilities, the copies should be carefully read and preserved for future reference. If this suggestion be properly observed the information desired may generally be obtained without the necessity of writing to this office. When necessary to correspond upon any matters under the jurisdiction of the State Board of Health, kindly conform to the following rules:

When writing upon matters pertaining to more than one department, use a separate sheet of paper for each department.

Write distinctly, and when possible, use a printed letterhead with your name and address, and be as concise as the nature of the case will admit.

The daily correspondence of this office is very large and covers a wide range of subjects. In order to facilitate dispatch, it has become neces-

sary to divide the work into departments, each having its distinguishing color and separate records, and while all are under the direct supervision of the Secretary, the detail is executed by the clerk of the proper department.

Many of the letters received at this office are almost impossible to decipher, frequently necessitating a search of the directories and postal guide in order to determine the name and address of the correspondent.

It is our ambition to give you the best service possible, therefore we trust those having business with this office will conform to the above requests.

BOARD OF HEALTH.

Synopsis of the April Meeting.

The State Board of Health convened in regular session at the office of the Secretary, Capitol building, Des Moines, Iowa, at 10 a. m., April 10, 1907.

In the absence of President Powers, Colonel Francis was elected president pro tem.

The members present were Drs. Linn, Hanchett, Moerke, Eiker, Koto and Colonel Francis, also Dr. Albert, Director of the Bacteriological Laboratory and Prof. C. N. Kinney, Chemist, and later Dr. Powers.

The minutes of the last regular meeting were read and approved, also the financial report of the Secretary for the quarter ending March 31, 1907.

Embalmers licenses were issued to fifty applicants who successfully passed the examination held January 18, 1907.

Special Examination.

On motion it was ordered that a special examination of applicants for embalmers license be held May 24 and 25.

The Secretary was instructed to correspond with states having laws regulating the practice of embalming and arrange reciprocal agreements with such as have requirements practically the same as those of Iowa.

Resignation.

The resignation of Mrs. Bessie Omstead as stenographer of this Board, to take effect April 30, 1907, was presented. On motion the resignation was accepted with general regret and expressions of appreciation of her service to this Board.

On motion Miss Mabel Conlon was elected to succeed Mrs. Omstead.

New Rules and Regulations.

The Committee on Publications and Rules, in conjunction with the Secretary, was instructed to revise the present regulations of this Board and frame such additional rules as in their judgment are necessary, and report at the July meeting.

Bacteriological Laboratory.

Dr. Henry Albert presented his report as director of the Bacteriological Laboratory, for the quarter ending March 31, 1907. The report was read, considered and by motion placed on file.

Sub-Laboratory at Davenport.

A petition signed by the physicians of Davenport requesting the Board to establish a sub-laboratory in that city and recommending that Dr. H. M. Decker be appointed superintendent thereof, was received. On motion the request was granted, provided said laboratory should in all respects conform to the requirements prescribed for sub-laboratories by this Board.

Health Officers Associations.

The Secretary was instructed to confer with the State Health Officers' Association relative to holding an annual conference.

Antitoxin.

The matter of free distribution of antitoxin was taken up and discussed, and a committee appointed to investigate the proposition and report at the July meeting.

Cerebrospinal Meningitis.

On motion a committee consisting of Drs. Hanchett, Koto, Moerke, Eiker and Decker was appointed to investigate as to the presence of meningitis in southern Iowa and northern Missouri and to make recommendations as to its suppression and prevention; said investigation to include the disease as manifested in the lower animals, and, if possible, determine its mode of transmission.

National Conference on Tuberculosis.

Dr. F. W. Powers was elected a delegate to represent this Board at the meeting of the above society, to be held during the month of May in Washington, D. C.

On motion the Board adjourned to meet at the call of the Secretary.

EXPENSES OF QUARANTINE.

Attorney General's Opinion.

To the State Board of Health:

Gentlemen:—I have the honor to acknowledge receipt of your communication of the 28th instant in which you request my opinion:

First.—As to whose duty it is to fumigate after quarantine.

Second.—As to who pays for fumigation.

Third.—As to whether or not the County Supervisors have the authority to reduce the fees allowed for services rendered in quarantinable diseases when properly certified by Township Trustees.

Under the quarantine laws of the state in force prior to the adoption of Chapter one hundred eleven (111), acts of the Thirty-first General Assembly, all expenses for the care, nursing, medical assistance and sup-

plies furnished a patient under quarantine was chargeable to the patient, all other expenses incurred in establishing, maintaining or raising a quarantine, including fumigation, was chargeable to the public.

Section 2570-a of the supplement to the Code, among other things provided:

"When one or more persons shall be confined in a house, or pest house, or detention or other hospital, the local board of health shall ascertain the total amount of expense incurred for the care of such persons, which amount shall be equitably apportioned by the local board of health between the several persons cared for, and when so apportioned, the president and clerk of said board shall certify to the County Auditor the name of such person or persons and their proportionate share, and the county shall recover the same in any court of competent jurisdiction within the state, and the certificate of the president and clerk of said board shall be prima facie evidence of the amount furnished such person or persons. In case of the inability of any person or persons, or those liable for their support, to pay for the expenses incurred as provided in this section, such expense shall be paid by the county, * * *. In the event that any of the expenses made as aforesaid shall be collected from private individuals after said tax has been levied on the property of the city, town or township, said city, town or township shall have credited to them one-third of the amount so collected."

These provisions dividing the expense of quarantine between the public and the persons quarantined lead to great confusion, and in many counties in the state to expensive litigation. This, together with the fact that a large number of people of the state believed that the quarantine was for the benefit of the public, and that all of its expenses should be paid by the public, created a strong sentiment for a change in the quarantine laws of the state. In response to this sentiment the Legislature adopted Chapter one hundred eleven (111), acts of the Thirty-first General Assembly. By this act all provisions in the then existing quarantine laws requiring the quarantined patient or patients to pay for care, nursing, medical assistance, supplies, etc., was repealed, and all of the expenses of quarantine made chargeable to the public.

Section 2571 of the Code provided; among other things:

"All expenses incurred in the enforcement of the provisions of this chapter, when not otherwise provided, shall be paid by the town, city or township; in either case all claims to be presented and audited as other demands. In the case of townships the trustee shall certify the amount required to pay such expenses to the Board of Supervisors of the county, and it shall advance the same, and, at the time it levies the general taxes, shall levy on the property of such township a sufficient tax to reimburse the county, which, when collected, shall be paid to and belong to the county."

Under this provision it was held, that the Board of Supervisors had no authority to revise the fees of a physician employed by a local board of health; that the action of the local board in fixing the fees and certifying them up to the board was binding on the county in all cases where the fees were payable by the county.

Chapter 111, however, above referred to, provides:

"The local board of health shall allow an amount on such bills as

As the funds remaining at the disposal of the Board are insufficient to defray the expenses of an extensive investigation, the Executive Council were appealed to in the hope that some financial assistance might be obtained; but there seems to be no available funds that can be legally used for this purpose, and although the Executive Council fully appreciates the serious danger of an epidemic, it is without authority to convert money for this purpose.

After the adjournment of the April meeting, Dr. Eiker visited various points in northern Missouri, where the disease was reported to be prevalent. Upon investigation he found many cases presenting all the clinical symptoms of cerebrospinal meningitis and elicited the information that the disease was gradually spreading from numerous centers of infection.

As the authorities had failed to realize the infective character of the disease, and consequently neglected to adopt preventative measures, it had attained a foothold in numerous localities and was rapidly assuming epidemic proportions. Numerous letters of inquiry from physicians in southern Iowa corroborate this opinion.

On April 17th, upon invitation from the attending physician, Dr. Patterson of Ankeny, Drs. Linn, Moerke, Eiker and the Secretary visited the cases near that town. There were six children in the family, three boys and three girls. The former had all contracted the disease within thirty-six hours; one died on the fifth day and the two remaining were in an extremely critical condition, both exhibiting the typical symptoms of cerebrospinal meningitis. Specimens obtained from the diseased child were submitted to Prof. Ross of the sub-laboratory at Drake University, who found the meningococcus present in the pus contained in the cranial cavity and also in the brain tissue. We are informed that the same germ has been found in some of the Appanoose County cases, and as this organism is the one generally recognized by pathologists as the causative agent, there is conclusive evidence that the disease is infectious cerebrospinal meningitis.

Up to the present time science has been unable to determine the exact point of invasion or mode of transmission; but reasoning from the experience gained during the epidemics in some of the eastern states, it seems probable that the germ enters the system through the nasal membranes, eventually traversing to the coverings of the brain. As to the means by which it is transmitted we are almost entirely in the dark. Fortunately the organism appears to be of low vitality and mildly resistant to ordinary disinfectants, but its rapid invasion and invariably fatal results demonstrate the necessity for prompt and heroic measures of suppression. In view of these facts the members of the committee appointed by the State Board of Health, earnestly recommend a strict quarantine of all premises where this disease appears and of all persons

and effects thereon. That public funerals of persons dying from the disease be prohibited and that the premises be thoroughly disinfected by means of formaldehyde gas before the release of quarantine.

It is further recommended that the nose and throat of all persons, especially children, exposed to the disease, be sprayed or washed every few hours with a mild antiseptic solution and that wherever the disease develops, the patient should be isolated from other members of the family.

The above recommendations will be adopted as regulations at a special meeting of the State Board of Health to be held in May, but pending such action, local boards are requested to adopt and enforce them as regulations of their own should the disease appear in the community.

It is probable cerebrospinal meningitis of the lower animals may prove to be identical with that of the human species. There is a marked similarity in the course of the disease, as well as in its onset and termination.

Of those attacked few survive, and it is seldom that any escape serious permanent disabilities. Wherever a case appears it should be promptly reported and quarantined, as required in other infectious diseases, and the local authorities should immediately notify the Secretary of the State Board of Health.

We have no desire to create unnecessary alarm, but the calamities experienced by communities where the disease has hitherto appeared cause serious apprehension, and emphasize the expediency of active suppressive and preventative measures. With the possible exception of Asiatic Cholera and Bubonic Plague, Cerebrospinal Meningitis is more to be dreaded than all other infectious diseases combined, and the present uncertainty concerning its mode of transmission calls for precautionary measures broad enough to guard all possible avenues of infection.

(The second of the Ankeny cases terminated fatally on the 11th day of the disease and the third on the 17th day.)

NOTICES.

Board of Medical Examiners.

The next examination for physicians and osteopaths will be held at the office of the Secretary, Capitol building, Des Moines, Iowa, on June 11, 12 and 13, commencing at 9 a. m. Applications together with fee of \$10.00 and accompanied by college diploma must be on file with the Secretary at least two weeks prior to the date of examination.

Illegal Practitioners.

Under the laws of Iowa it is illegal for any person to practice medicine or osteopathy in this state before obtaining a certificate from the State Board of Medical Examiners.

This office is in daily receipt of communications from various parts of the state, showing that there are a large number of persons practicing medicine or osteopathy, who have not complied with the above requirements. It may be that some of these are reputable practitioners and entitled to recognition, but until such time as they conform to the requirements of the law, they lay themselves liable to prosecution.

It is evident that the state of Iowa is, at the present time, over-run with fakes and pretenders, who are reaping rich harvests by imposing upon the credulity of the general public.

Local health officers should make it their duty to inform themselves as to the professional standing of all persons practicing medicine in their community and wherever it is found that a person is practicing either medicine or osteopathy or traveling from place to place as an itinerant physician without having fulfilled the requirements of the law, the facts should be made known to the County Attorney, with the request that he commence legal proceedings.

Where the County Attorney fails or neglects to comply with this request, the County Medical Society should employ a competent attorney to prosecute, and continue this course until every illegal practitioner and every pretender is sufficiently impressed with the advisability of retiring to pastures outside the confines of Iowa.

The Secretary of this Board will at all times be glad to advise in these matters.

APPLICATIONS FOR EXAMINATION.

Candidates who have filed application for examination and failed to appear, and those who have failed to pass upon one or more examinations are hereby notified that, under the law, the application itself does not confer any right to practice medicine or osteopathy in Iowa, and that all persons so practicing do so in direct violation of the law.

No one has a legal right to practice medicine or osteopathy in Iowa except upon authority granted by a certificate issued by the State Board of Medical Examiners, and duly registered, in the office of the County Recorder. This opinion is not only expressed by the Attorney General, but by the Iowa Supreme Court as well.

There is no provision in the law whereby a graduate may practice as an assistant under a preceptor, or as a partner of a legally qualified practitioner. All such persons are required to obtain a state certificate before they are eligible to practice in Iowa.

The Medical and Osteopathic Laws were enacted to protect the public against incompetent practitioners, and it is the intention of the Board of Medical Examiners to see that the law is properly enforced. The next general examination will be held June 11, 12 and 13, after which date the County Attorneys will be instructed to commence legal proceedings against all persons violating these laws.

ITINERANT PHYSICIANS.

The following list includes all physicians holding itinerant licenses in the state of Iowa:

Frederick George Sparling.....	License expires July 31, 1907
Orrin Joseph Smith.....	License expires July 31, 1907
W. E. Shallenberger.....	License expires August 15, 1907
Wilbert Shallenberger.....	License expires August 15, 1907
J. Jackson Crider.....	License expires October 10, 1907
B. A. Stockdale.....	License expires November 19, 1907

N. B.—All persons practicing as itinerant physicians whose names do not appear upon the foregoing list, should be reported to the County Attorney of the proper county, with the request that he take the necessary steps to prosecute such offenders.

ATTORNEY GENERAL'S OPINION.

The following opinion by the Attorney General clearly defines the duties of the Board regarding the issuance of licenses to Itinerant Physicians:

Sir:—I beg to acknowledge receipt of your letter of the 17th inst., in which you ask:

"Will you kindly inform me if, under the Statutes of Iowa, the State Board of Medical Examiners is compelled to issue an Itinerant's license, or whether the Board may exercise its discretion in so doing."

In response thereto I submit the following:

Section 2581 of the Code among other things in substance provides:

First.—That every physician practicing his profession, and professing to cure or heal the sick by any medicine, appliance or method, and who by himself, agent or employee goes from place to place, or from house to house, or by circulars, letters or advertisements solicits persons to meet him for professional treatment at places other than his office at the place of his residence, shall be considered an itinerant physician.

Second.—That such physician, in addition to the certificate provided for in section 2576 of the Code as amended by Chapter 114, Thirty-first General Assembly, shall procure from the **State Board of Medical Examiners** a license as an itinerant.

Third.—That for such license he shall pay to the Treasurer of State, for use of the State of Iowa, the sum of two hundred and fifty dollars per annum.

Fourth.—When such payment is so made the Secretary (of the Board) shall issue to the applicant therefor a license to practice within the state as an itinerant physician for one year.

Fifth.—The Board may for satisfactory reasons refuse to issue such license upon satisfactory evidence of incompetence or gross immorality.

Sixth.—Practicing medicine as an itinerant physician without such license is made a misdemeanor punishable by a fine of not less than three nor more than five hundred dollars and costs, and providing for commitment to jail until such fine is paid.

These provisions, as well as others of like character found in the same chapter, were not enacted by the Legislature simply for the purpose of increasing the revenues of the state, but rather to protect the people from the ignorance and incapacity of the quack doctor who is without

permanent location, but roves from place to place, leaving behind him a trail of deception and fraud.

The obvious intent in placing the license fee so high was to limit in so far as possible the number of itinerant physicians.

Two things, as I read the section, must be done before the Secretary of the Board has authority to issue the certificate:

First.—The State Board of Medical Examiners must find the applicant for the license a fit and proper person to practice as an itinerant physician.

Second.—Upon such finding the applicant must pay to the Treasurer of State for the use of the state the sum of two hundred and fifty dollars.

Upon the happening of these two events it becomes the duty of the Secretary of the Board to issue to the applicant a license. The Board, however, may refuse to order the issuance of the license for satisfactory reasons, that is to say, if the Board finds upon investigation that the applicant is neither fit nor competent to practice as an itinerant physician, then it would be their duty to refuse to order the issuance of the license, and in my judgment, the Board would fail in its obligations to the public if it did not in every case satisfy itself by the most complete and searching investigation, of the character, skill and ability of every person making application for a license under the section.

The discretionary power thus placed in the Board to grant or refuse the license must, of course, be exercised in a just and reasonable manner, keeping in mind always, the interests involved, and in every case where there is conflict between the rights and claims of the individual and the health and general welfare of the people, the individual must yield.

The Board in all cases have the right to take such time in making the necessary examination as to them seems proper under all circumstances.

Respectfully,

April 27, 1907.

H. W. BYERS,

Attorney General of Iowa.

Dr. Louis A. Thomas, Secretary State Board of Health.

STATE BOARD OF MEDICAL EXAMINERS.

Synopsis of the April Meeting.

At the regular meeting held April 10th and 11th, certificates upon examination were issued as follows: Physicians 1, Osteopaths 4. There were in all sixteen applicants at the March examination.

Reciprocity.

Eleven certificates were issued upon reciprocity with other states.

Court Opinion—White vs. The State Board of Medical Examiners.

Mr. Lawrence DeGraff, attorney for the Board, reported that the case, White vs. The State Board of Medical Examiners, in the District Court of Polk County, had been decided by Judge Howe in favor of the Board and presented a copy of the opinion.

New Rules.

The Board adopted the following new rules, to take effect on and after April 11, 1907:

Rule 1.—No applicant for a certificate on reciprocity from another state, who has failed on two examinations before the Iowa Board of Medical Examiners to receive a rating of 75% shall be granted a certi-

cate in less than one year subsequent to the date of the certificate on which reciprocity is asked.

Rule 2.—All applications for examination by this Board, together with diploma and fee of \$10.00, shall be filed with the Secretary at least two weeks prior to the date of examination and all applications for reciprocity, together with Diploma, State certificate and fee of \$50.00, shall be filed at least two weeks prior to the date of Board meeting.

Preliminary Requirements.

Drs. Moerke and Eiker were appointed a committee to inspect all the medical and osteopathic colleges in this state, said inspection and report to include equipment and the teaching facilities of each institution, and whether or not such colleges were conforming to the requirements of this Board relative to preliminary education of prospective students.

Itinerant License.

Application for an itinerant's license was presented by William M. Bair. The matter was laid over for investigation until the July meeting.

On motion Board adjourned to meet upon the call of the Secretary.

NEW LAWS.

Revocation of Physicians' Certificates.

AN ACT Repealing Section Two Thousand Five Hundred and Seventy-eight (2578) of the Code and Enacting a Substitute Therefor Relating to the Revocation of Physicians' Certificates.

Section 1. That Section two thousand five hundred and seventy-eight (2578) of the Code be and the same is hereby repealed and the following is enacted in lieu thereof:

The Board of Medical Examiners may refuse to grant a certificate to any person otherwise qualified and shall revoke any certificate issued by it to any physician, who is not of good moral character, or who solicits professional patronage by agents, or who profits by the acts of those representing themselves to be his agents, or who is guilty of fraudulent representations as to his skill and ability, or who is guilty of gross unprofessional conduct, or for incompetency, or for habitual intoxication or drug habit; or if the certificate has been granted upon false and fraudulent statements as to graduation or length of practice, the board of medical examiners shall, to safeguard the public health, revoke the certificate in the manner hereinafter set forth.

Section 2. Before the revocation of any certificate issued by the State Board of Medical Examiners the licentiate shall have been afforded an opportunity for a hearing before the Board. At least twenty (20) days prior to the date set for such a hearing, the Secretary of the State Board of Medical Examiners shall cause a written notice to be personally served upon the defendant in the manner described for the serving of original notice in civil actions. Said notice shall contain a statement of the charges and the date and place set for the hearing before the Board. If the party thus notified fails to appear, either in person or by counsel at the time and place designated in said notice, the Board shall, after receiving satisfactory evidence of the truth of the charges and the proper issuance of notice, revoke said certificate. If the licentiate appear either in person or by counsel, the Board shall proceed with the

hearing as herein provided. The Board may receive and consider affidavits and oral statements and shall cause stenographic reports of the oral testimony to be taken, which, together with all other papers pertaining thereto, shall be preserved for two years. If five members of the Board, present at the hearing, are satisfied that the licentiate is guilty of any of the offenses charged the license shall be revoked. After the revocation of a certificate the holder thereof shall not practice medicine, surgery or obstetrics in this state, for such times as the State Board of Health may determine.

Section 3. Any person aggrieved by any ruling or order entered under the provisions of this act shall have the right of an appeal to the District Court in the county where the alleged offense was committed, upon giving notice to the Board of Medical Examiners of such appeal within twenty days after the entry of such ruling, order or judgment.

EDUCATIONAL.

A Lesson, in the Prevention of Smallpox.

Disinfection vs. Vaccination.

During the winter of 1900-1901, and the spring of 1901, an unusual epidemic of small-pox prevailed throughout the United States and England. Many large cities were severely attacked. According to reports made to the United States Marine Hospital Service, Washington, 1,295 cases of small-pox with 17 deaths occurred in the city of Cleveland, Ohio, between January 1 and July 6, 1901.

Late in May, 1901, the Commissioner of Health of Buffalo, threatened to institute quarantine against the city of Cleveland unless immediate action were taken to check the epidemic. Measures were at once adopted by the City Council, acting in conjunction with the State Board of Health, to prevent a further spread of the disease, and during the month of June the city was practically freed from small-pox. Between July 6 and July 27, but 12 cases were reported and these were properly quarantined.

On July 20, 1901, Dr. Martin Friedrich was appointed Health Officer of Cleveland. A few days later Dr. Friedrich proposed to the Mayor a house-to-house disinfection, in order, to use his own words, "to show the world what could be done in a case of small-pox epidemic with disinfection with formaldehyde." The Mayor giving his consent, Dr. Friedrich announced that vaccination would be abandoned thereafter by his department, and that reliance would be placed on general sanitation and disinfection. This announcement was made when there was practically no small-pox in the city of Cleveland, at a period of the year when, as a rule, outbreaks of small-pox are not looked for, and at a time following a long epidemic of small-pox, during which over 2,000 persons had been attacked by the disease and several thousand vaccinated.

On July 29, 1901, vaccination was entirely abandoned by the health authorities of Cleveland and disinfection was begun and was continued un-

til November 9th. The Health Officer was aided in the work by a large number of medical students. Every section of the city in which there had been cases of small-pox was disinfected, and every house in the section whether there had been small-pox in it or not. (All infected houses had already been disinfected by the former Health Officer.) Every corner of infected houses was carefully inspected, and special attention was paid to winter clothing which had been stored away. In addition to disinfection a crusade was begun against dirt of every description, and the people were enjoined to clean their yards and barns, drain all pools, or fill them in, abate all nuisances, clean all closets and establish sewer connections wherever there was a sewer in the street. The health officers were also instructed to examine all dumps and vacant lots, and to compel the owners to keep them in a sanitary condition. The police and fire departments aided the health officers in cleaning the wards which most needed it. It was found that small-pox developed most frequently and was hardest to eradicate along those streets that had neither sewer nor pavement. A great many streets were therefore paved and sewerred, and this work was pushed ahead at such a rate that was announced that soon no street in Cleveland would be without a pavement or sewer.

Quarantining was also enforced in as rigid a manner as possible and every effort possible was made by the Department, (vaccination excepted) to prevent the further outbreak of the disease.

According to the report of the Commissioner of Health in the Cleveland Medical Journal of February, 1902, the last case of small-pox developed in Cleveland on August 23, 1901, and although 8 cases had been imported into the city since that date, the city was then and had been for six months practically free from the disease.

In explanation of the success attendant on his efforts to prevent an outbreak of a disease which had been practically exterminated (for the time being nearly eight months previous, Dr. Friedrich wrote as follows: "When we consider all the means employed and measurers taken during our struggle with the hydra-headed monster, when we sum up and try to reach a conclusion, in my opinion through investigation, strict quarantine and sanitary measures come in for a great share in our victory, but the death-blow was dealt by formaldehyde."

No other disinfectant except formaldehyde seemed entitled to any credit.

At the time of the publication of Dr. Friedrich's report, it was evident to all sanitarians and others conversant with the behavior of small-pox, that the disease was merely held temporarily in check, and that if a fresh outbreak occurred in the city, an epidemic would certainly take place among the unvaccinated population which had been neglected during this formaldehyde crusade.

Subsequent events bore out these conclusions. In spite of the house-to-house disinfection; in spite of the improved sanitary conditions effected by the thorough "cleaning up" to which the city had been subjected, an epidemic of small-pox again occurred in Cleveland in

1902. As shown by the report issued by the Illinois State Board of Health in August, 1902, the city of Cleveland during the past two months (June 1 to July 25) had far more cases of small-pox than any other two cities in the United States, including St. Louis, New York, Jersey City and Philadelphia, in all of which the disease has been unusually prevalent during the past year.

The Official Statement of Mortality of the City of Cleveland made by the Health Officer, Dr. Martin Friedrich, showed the death rate from small-pox for the past three months to be as follows: May 12 deaths; June 28 deaths; July 19 deaths, a total of 59 deaths from small-pox in three months, a greater number of deaths from small-pox than had occurred in the city of Chicago during the previous five years. Chicago, thanks to its energetic Department of Health, is one of the best vaccinated cities in the United States.

In September, 1902, the Health Officer of the City of Cleveland, Dr. Martin Friedrich, resumed vaccination. No longer did he consider vaccination a drawback rather than an advantage in the fight with small-pox. No longer was he of the opinion that "the only means to strike it (small-pox) a death-blow in disinfection with formaldehyde." According to his report made to the State Board of Health of Ohio early in September, 1902, vaccination was then encouraged throughout the city and was enforced wherever there had been an exposure to small-pox, and "when the disease appears in one of the larger blocks, the whole block is vaccinated." Nearly a hundred physicians recently appointed vaccinators were detailed to make a "house-to-house" canvass and vaccinate everyone found willing. All teachers and children in the public schools were required to show evidence of successful vaccination before they could attend school. Reliance was once again placed on quarantine vaccination and disinfection.

During the year 1902, there were 1,298 cases of small-pox in Cleveland, with 224 deaths from the disease. In 1903, there were 106 cases; in 1904, 42 cases, in 1905, no cases.

These figures were furnished by Dr. Rosenwasser, President of the Cleveland Board of Health, to the Cleveland Medical Journal, of November.

As stated by Dr. Rosenwasser, "the statistics serve not only to undo the mischief done by Dr. Friedrich's paper of 1902, but also clinch beyond all possible dispute, the efficacy of vaccination as the sanitary prevention of small-pox."

Dr. Rosenwasser's further remarks in reference to the epidemics of 1901 and 1902, and the subsequent rapid decline of the number of cases, are of interest. He writes:

"The Health Officer took charge at the tail end of this (the 1901) epidemic and complacently published the proclamation, 'the death blow to this epidemic was dealt by formaldehyde!'

"Following this supposed new discovery came the virulent epidemic of 1902, with its appalling fatality. Through the prompt and vigorous initiative of the physicians and the intelligent energy of their lay coadjutors, 195,000 individuals were vaccinated during that year. The epidemic, which had been recurring since 1898, and reached its climax after and despite the campaign of disinfection of 1901, was brought to a halt so sudden after the wholesale vaccination in 1902, that for the past two years it has become extinct.

In commenting on the matter, the editor of the Cleveland Medical Journal says: "Among all the statistics of small-pox in its relationship to vaccination, that we know of, none demonstrates more clearly the true efficacy of Jenner's discovery, than do the figures of Cleveland."

As factors in the prevention of small-pox, disinfection and general cleanliness play an important part. By means of cleanliness and hygienic measures the danger from the presence of the virus of small-pox in a household can be reduced to the minimum; by means of disinfection the virus can be killed whenever it can be reached. It frequently cannot be reached, however, and hence reliance upon cleanliness and disinfection alone is useless.—Illinois Health Bulletin.

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